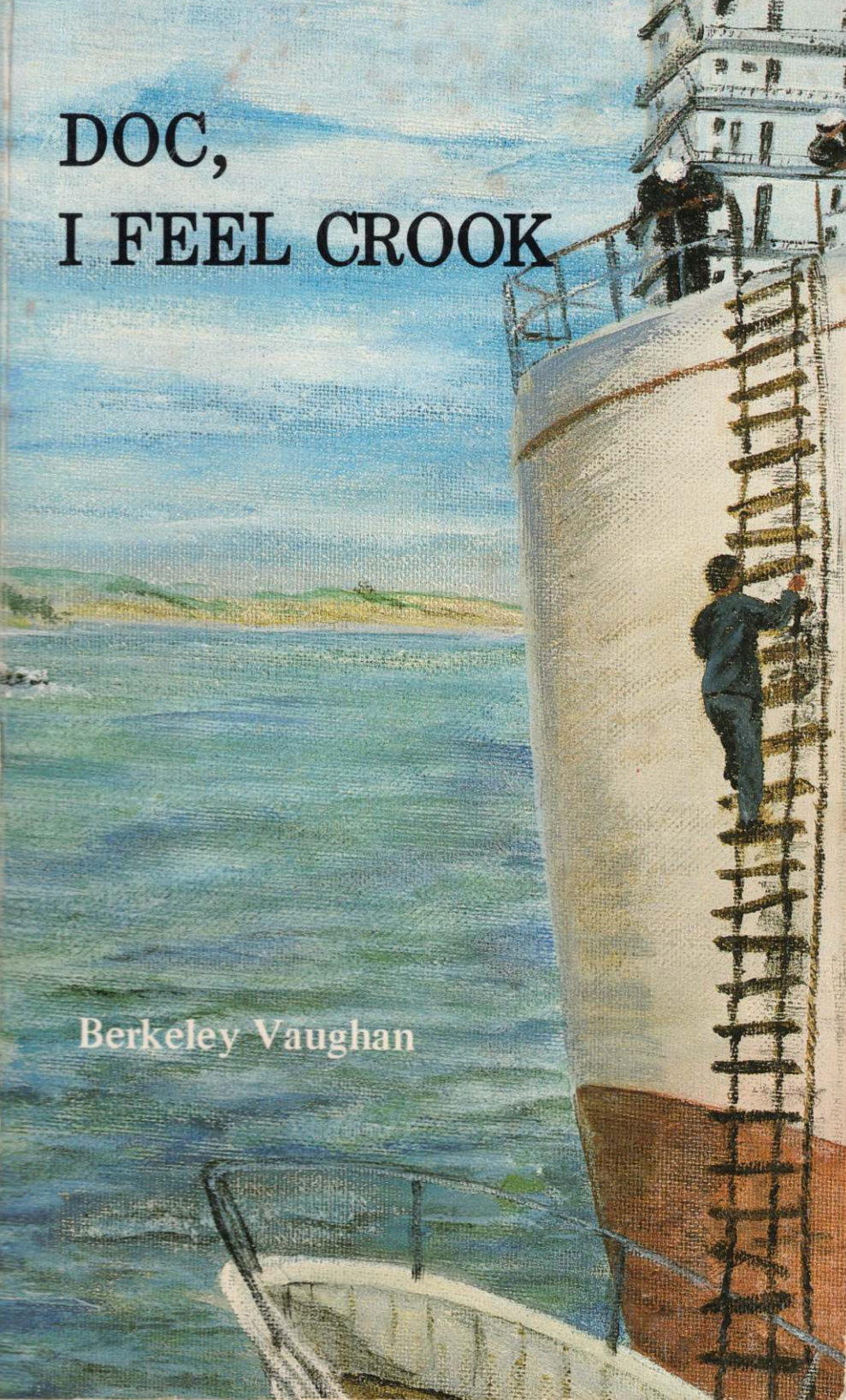
DOC, I FEEL CROOK



Berkeley Vaughan

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DOC,

I FEEL CROOK

by

Berkeley Vaughan

To Freda,
without whose love and encouragement
this story would not have been possible

CONTENTS

CHAPTER ONE

Australia Felix

The train rattled and jolted its way south from Cairns on the narrow gauge North Queensland Railway. It was 1942 and I had, that morning, landed there from a Royal Australian Air Force aircraft. I had left Papua with the Japanese forces not far behind me. I had not waited to be introduced.

Now, as a refugee, I was on my way to Melbourne to rejoin my wife and three children who had gone on some time before. My companions in the carriage were two men, managers of large Island stores, who had also flown out with me. They had homes in Australia, and so were able to introduce me to this land of which I knew little.

As night came on we took stock; two seats, three passengers. I was used to sleeping on the floor of Papuan huts and rest-houses, so that meant nothing to me. I turned in on the floor, and they on the seats, and we all slept well. Sitting up in the morning, I was greeted by hoots of laughter.

'Look at your face in the mirror', my companions suggested.

The railway company had thoughtfully provided a mirror and I peered into it. The face was new to me; only my eyes were familiar, the rest was jet black. Decades of coal-burning locomotives had sprayed soot on to the under sides of the seats and I had collected it.

Over the next few days the panorama outside the carriage kept changing: sugar-cane stretching to the horizon, ocean beaches, blue mountains, the rich pasture country of New South Wales and Victoria. All were a fascinating introduction to this land of great distances and infinite variety; but

I was impatient to reach Melbourne. At last the Spirit of Progress puffed majestically into Spencer Street Station, and a rather bedraggled husband alighted to be greeted by a radiant wife looking like a Dior model.

I realised then how good it was to be alive, and to have a devoted wife and family. I had practically no money; no job; I was tired and still suffering from the malaria which had hit me when I was escaping from Papua. We were among strangers and had lost our home and possessions, but who cared? Our children were waiting for us and nothing else mattered.

We had just enough money to take a taxi to where we were staying, and to have a celebratory meal. We went to sleep in peace. The next morning the mail brought a letter from a firm of solicitors in London containing a cheque for £120, an unexpected legacy from an aunt. Bless her kind soul, I hope she knows how welcome it was.

I reported to the military for war service, but was promptly turned down on health grounds. At that time there were few doctors in Australia with experience of tropical medicine. I had practised it for seven years in Papua, and all I needed was a brief holiday and some treatment, and I would have been fit for service, but such was the way of authority; I was sent to the south of Australia, as far away from the tropics as it was possible to go on the Australian mainland.

'No,' explained the Colonel, 'we won't take you into the army. There is a delightful little seaside place called Port Fairy. You'll have little to do there, and you will soon recover your health while we will take the two Port Fairy doctors into the army.'

I went to Port Fairy and it was a delightful place, but I have never worked so hard. I had one day off in two and a half years, and it was nothing to be woken up at 11.00 p.m. by someone who had been to the cinema and decided that this was a good time to pay a medical bill. The two doctors in the town had been in such sharp competition that they would never say 'No' to any patient, however unreasonable, in case he went to the other man. It was quite a shock to many when I refused to be intimidated.

One Saturday night my wife and I had gone to the local cimema to see *Gone With The Wind* and were enthralled

as we watched this moving drama. Then I realised that the usherette was trying to tell me something.

'Mr . . .,' she said, 'has had a heart attack. Please go at once.'

I rushed out, drove there and bounded up the stairs of the hotel where he lived. The old boy was sitting up in bed.

'I think I'm going to get a cold', he said.

I blew up. 'Oh are you? Well you can jolly well keep it until tomorrow morning', I said and stormed out.

The next morning, feeling rather conscience stricken that I had been hard on my ancient patient, I went across. He beamed at me as I entered the room.

'I didn't get that cold after all', he said!

As so often happened, the further a place was from the front line the more seriously it regarded the war. Whereas in Port Moresby lights were only reluctantly extinguished when enemy bombers were almost overhead and Queensland towns were a blaze of lights at night, here air raid wardens in 'tin hats' earnestly blew whistles and banged on doors if the minutest chink of light was visible outside.

The practice car had the headlights obscured by a tin cover with a small central hole. As far as the driver was concerned he might as well have been driving without any light. Since all signposts had been removed, maps withdrawn from sale and the town was new to me, it was no easy task finding my way, especially as the practice extended out into the country forty, twenty and eight miles on the three sides; the sea being on the fourth. Once, as I was driving to a country call at night, I thought I saw something go past my window. I stopped the car and got out to find myself in the middle of a herd of cows.

Evacuation plans for children had been drawn up in case of Japanese invasion, and one morning at breakfast our three children presented me with their health dossier forms which they said had to be returned to school that morning. Feeling under pressure, I became irritable and my patience finally gave out when I came to the last paragraph: 'When did you last see a doctor and for what?'

I scribbled an answer: 'This morning, for Night Starvation.' (A mythical disease designed to sell a breakfast food.) With a final 'Off you go' I returned to my cold breakfast and dismissed the matter from my mind.

A year or so later I was talking to the Chief Health Officer of Victoria. We greeted each other, then he said, 'And how are you?'

'Fine', I replied.

'And your wife?'

'Very well.'

'And are the children still suffering from Night Starvation?'

I stared at him in astonishment.

'Yes,' he said, 'your form went the rounds of the Health Department.'

In those days country towns in Victoria were very insular. Port Fairy was no exception. Many residents had never travelled beyond its confines and there was much intermarriage.

In one small nearby village there were twenty-four married women with the same unusual surname. I know, because an account of mine went to nearly all of them before it found the right one. They had intermarried for generations until everyone was related to everyone else. I would recommend this area as a fertile field for anthropological research into hereditary characteristics. During the war it was hoped that servicemen from this village might marry outside girls and bring some fresh blood into the village. Three local men did marry away from home, to cousins whom they found in Queensland!

People soon got to know me in this small town. Once I was held up at a level crossing in the main street of Port Fairy by a stationary locomotive and train. I prepared to wait until unloading of the far end of the train which was in the station had been completed. Not so. The driver, happening to glance out of his window, saw me in my car. He was not going to have the town's doctor delayed.

'Just a mo, Doc', he shouted to me.

Then with much hooting of the train's siren and to the amazement of the unloading crew the train moved back to let me pass.

Starting work in this new place was an anti-climax. Seven years in primitive Papua had accustomed me to such conditions as huge tropical ulcers which had eaten their way down to the bone; abscesses containing half a litre or more of pus; people shivering or sweating as they died from

malignant malaria; an infinite variety of surgical problems; and Papuans dying because 'the sorcerer has speared me'.

Now my days were taken up with a succession of little Tommys, looking the picture of health but suffering, according to their anxious mothers, from 'hard coughs'; plump little Suzy, who according to mum, 'doesn't eat a thing'. It was hard to be sympathetic and I probably showed it. It took time to tune in on the Australian wave length.

Nowadays the Australian ethos has overtaken Papua New Guinea, as a recent article in a surgical journal indicates. A New Guinea highlander, recovering from a sophisticated modern operation, asked the surgeon for a medical certificate[1] to exempt him from the next tribal battle. Also, paradoxically, a surgeon friend of mine being told by the doctor he was temporarily relieving that his work would be mainly on peptic ulcers (usually assumed to be the affliction of high-powered executives), was startled to hear the doctor add as an afterthought, 'also arrow wounds of the heart'!

Our house was in the centre of the town. It had been recently built by one of the doctors and evidently some people had their own views about its financing. One Port Fairy resident chatting to me just outside pointed up to the roof and said, 'You see that chimney? That's my appendix!'

The medical practice was my first experience of medicine in Australia. Most of the young men were away at the war but the added strain this threw on the wives and old men kept me busy. Medical examinations for entrance to the armed forces were part of my work. One of the sections on the form to be filled in by all recruits was 'Family History?' This of course referred to inherited familial defects such as asthma, diabetes, mental trouble etc. Not everyone understood this; one mother filled in 'Family History?' on her son's form as 'Quiet living and respectable'.

There must be two doctors to constitute a medical board and my opposite number was an elderly doctor from Warrnambool, Dr McKnight. Whereas I would be hurrying through the multi-page form of questions and examination findings, Dr McKnight would pursue an unhurried course with one or two examinees. Intrigued to know what obscure questions he must be asking which required so much time, I tip-toed up behind him after he had talked at

length for a long time with one of the examinees.

'Yes,' he was saying, 'I think this must be one of the best seasons we have had for the bees, with nectar everywhere!'

This was not the only time I met Dr McKnight. I started teaching nursing trainees, at the local hospital, in anatomy and physiology, and for this required a skeleton. Hearing, quite incorrectly as it turned out, that Dr McKnight had an old skeleton from his student days I drove over to Warrnambool and asked him if he would let me have his skeleton for teaching purposes. He looked at me with a twinkle in his eyes but a straight face and said, 'Well, I know I am eighty years old, but I haven't yet finished with my skeleton'.

Port Fairy is the hub of quite a large dairying district and cows became the dominant feature in my life because the cow was mistress of my patients' lives. Milking time was sacred. No consultation could last long in the afternoon because my patient had to be back in time for 'milking'. I learnt to respect these hard-working farmers, out before dawn, often in mud and rain. I found that cows sense the mood of their owners; if the farmer was cross the cows became difficult. It was hard, also, not to be worn down by the monotony of the same work seven days a week.

As I came to know cows better, I had a brain wave. We had three healthy children who drank a lot of milk, we had a large overgrown garden and a small paddock. Why not keep a cow? Our farmer friends were enthusiastic. A cow was soon selected which was said to be a 'good milker', and the family was greatly impressed when we entered the dairying business. The question of who was to milk it was immediately canvassed. I knew the front end of a cow from the back but little more so I was rejected out of hand. Freda, my wife, as the senior female, seemed the obvious choice. With a determined look on her face and a bucket in her hand, Freda disappeared into the cowshed after telling us in no uncertain terms to keep out. We did, but as a long time went by the suspense was killing us. Strange noises were audible but whether it was the cow or Freda we could not tell. Eventually, we all sidled in to find a very embarrassed looking cow, an empty bucket, and a frustrated milk maid. After that Patricia, my teenage daughter, was appointed 'O.I/C., Cow' and all went well. She little

knew that some years later she would marry a farmer.

Freda, however, was not to be beaten. Every year the Port Fairy Agricultural Society held a show, and in this predominantly dairying district the prize for the best pound of butter was eagerly contested. One lady had established an almost unbeatable record for the first prize in the butter section. When the first show after our arrival in Port Fairy came along, Freda decided to enter the butter contest. She sought the advice of the local butter factory manager and entered a pound of butter. Who cared if the entry came at the bottom of the list, it showed we identified ourselves with these hard-working people. To everyone's amazement and the evident chagrin of the title holder, Freda's entry gained first prize. For the doctor's wife to enter the contest, and still more to win it, became the talk of the town. Eventually the ex-title holder could stand it no longer. Where had this dark horse gained all this expertise?

'How long have you been making butter?' was her opening gambit. To which Freda nonchalantly replied, 'Oh, about a fortnight'!

I learnt much about cows and the people who look after them during my years in Port Fairy. I discovered that cows, like people, can have their feelings hurt, feel jealous of each other, take pride in status symbols like cow bells. They are obstinate and single-minded. If a cow is crossing the road in front of one's car, one must go behind it, for no amount of horn blowing will divert it from its progress; unlike a horse which will always shy backwards. They also have an extra sense which we humans lack. A farmer friend of mine had a fierce Jersey bull which he kept in a paddock surrounded by an electric fence. After suffering a few shocks from touching the wire, the bull had acquired a healthy respect for the fence and would not go anywhere near it; but if the electric current failed, the bull knew it at once and went through the fence as if it were string. How did he know the current was off? The electric unit was up at the house a long way away; no sound from it could have reached the bull, yet he knew immediately when the fence was inactive.

Animals too apparently have their leisure moments and I was later to find a kangaroo that liked television. An

infant kangaroo was rescued by a friend of ours from the pouch of an accidentally killed mother and brought up as a household pet. As it grew older it spent most of its time in the nearby forest, but when the children's hour featuring 'Skippy', the tame kangaroo, was due it would be called to the house. Out of the forest the big beast would hop, and thunder down the house passage to settle contentedly in front of the television screen. When Skippy's antics finished so did the kangaroo's interest in television.

There was another and quite different side to cows which I found later on when I had a day at the Royal Melbourne Show. This, with its Sydney counterpart, is the showplace for all that is best in the pastoral industry. Among the sideshows was a stand exhibiting the then newly-developed milking machines. They had a stuffed 'cow' which was remarkably lifelike; it moved its head and swished its tail in a most realistic manner. Attached to its 'udders' was one of the new milking machines, chugging away circulating a milky fluid. Next to me was an elderly lady watching in fascinated yet obvious distaste. After a time she poked her umbrella in the direction of the cow and said to the white clad attendant, 'Young man, how long does this machine go on working?'

'All day, Madam', was his reply.

There was a long pause followed by, 'I think that is the most cruel thing I have ever seen'!

Mud and dairying are inseparable, especially in a wet climate like that of Port Fairy, and maintaining a clean milk supply was not easy. The local milk factory had a simple but effective way of encouraging clean milking practices among their suppliers. All milk delivered to the factory was poured through a filter paper inside a funnel into a receiver; each farmer had a fresh filter paper and after use this was hung up on a board under his nameplate where all and sundry could see just how clean he was.

Trained veterinary surgeons were few and far between in those days and my help was often requested in dealing with sick animals. I made it clear that I knew little about stock diseases, but a sort of working partnership grew up when the farmers gave me the diagnosis and I could work out the treatment from my knowledge of human medicine. I can still recall those occasions when I had to give intra-

venous injections of calcium to cows suffering from hypocalcaemic tetany, a common condition in undernourished cows when the milk starts flowing after calving. Kneeling on the ground in the rain, in a wind-swept paddock in the middle of the night, while I tried to get a needle into the jugular vein of a recumbent cow, by the light of a hurricane lamp, was a far cry from the sterile cleanliness of the hospital's operating theatre where I would be doing surgery the next morning! Crude, however, as it was, the results were most gratifying. From lying on the ground twitching and almost comatose, within minutes the animal would struggle to its feet and start to graze normally.

Animals, I found, soon realise that someone is trying to help. An illustration of this arose when I was asked to see a small kelpie dog which had damaged its leg in an accident. As I walked across the room the dog growled and bared his teeth, but the owner quietened him down and the dog let me examine him. He had a fractured leg, so I went back to the surgery and fetched some plaster of paris bandages. This time the dog let me set the leg and put on a plaster splint with little demur, though I could see that it hurt. Next day when I called, the dog jumped down from the couch, plastered leg and all, and came to meet me wagging his tail. The owner was amazed. He had never seen the dog greet strangers with friendliness before.

To add to veterinary and medical work I found myself caught up in pathology. In cities and big towns medico-legal matters are always referred to experts – pathologists – and rightly so, because this is highly specialised work. Having seen Sir Bernard Spilsbury, the great British pathologist, at work I knew how limited was my knowledge. Many times his discovery of some tiny detail in an autopsy, something which other experts had missed, altered the whole picture in a murder case. However, in the country pathologists were almost non-existent so I had to become involved. One day I was called to a local factory. A crowd of men was surrounding a figure on the ground and a police officer was holding another man. One glance at the man on the ground showed that he was dead.

'What happened?' I asked the manager.

'This man hit him and knocked him over and he hit his head on the kerb as you can see.'

It seemed a clear case of manslaughter, but as I examined the dead man I found something unexpected. There were clear signs of bruising on his chin and face but where his head had hit the kerb there was a cut, but virtually no bleeding, and no bruising at all.

I was asked by the coroner to carry out an autopsy and began by taking several sections through the cut at the back of the head. There was no doubt about it, there was no bruising in the skin where there should have been a pool of blood. This could only mean that his heart had stopped beating, he was in fact dead *before* he hit the ground. What did it? Certainly not the blow on the chin. The answer came when I examined the heart. There, in one of the coronary arteries – the blood vessels on which the heart depends for its life – was a massive clot. This would have caused immediate cardiac arrest. Maybe the unwonted exercise had something to do with it, but that could only be surmised; the verdict was 'death from natural causes', much to the relief of a very worried assailant.

Two and a half years went by; running a double practice had been tiring. Then, early one Saturday morning, I had a strong conviction that we should take the day off and go to Portland. This thought was quite unexpected, but I had learnt that such thoughts could be important. I had formed the habit several years earlier of asking God's guidance for the day that lay ahead, before the telephone started ringing and the messages poured in. Often this early preparation would make all the difference to the day; perhaps an angry word on the previous day should be put right, or something neglected carried out without delay. These thoughts were written down in a notebook which I carried and repeatedly they proved relevant when unexpected situations arose. The thought of going to Portland was so clear, so precise, and so unexpected, that on talking it over with Freda we both felt that it was important.

Portland was about forty-five miles away, further along the coast, and it seemed that the probable reason for going there was to visit a sick friend. However, when we got there we found that our friend had left the hospital and gone up country. We were puzzled. It seemed that there must be more to this journey than just sightseeing so we asked God for further direction. Clear as a bell came the

thought, 'Call on the oldest doctor in the town and offer to buy his practice'.

Neither of us knew any of the doctors in the town nor even how many there were. A small boy was passing.

'Sonny,' I said, 'who is the oldest doctor here?'

'You mean Dr Sleeman', he said. 'He lives up there.'

We drove up and knocked on the door which was opened by the doctor. We introduced ourselves and were invited in. He ushered us into his drawing room where two of his daughters were sitting.

'Would you like a cup of tea?' he enquired. We both accepted.

'Doctor,' I said, 'I would like to tell you my main reason for calling; it is to ask if you would sell your practice.'

'Good God, no!' he exploded. 'There's nothing wrong with me, I have no thought of retiring.'

'All right', I said and went on with the tea.

As we talked to the ladies we told them tales of Port Fairy, our family and our experiences in Papua. They seemed interested. All this time the old doctor seemed absorbed in his tea cup and said nothing. Suddenly, at the end, he spoke up, 'You know, I have been thinking about your offer. I am over seventy and I suppose I shall have to retire some day; perhaps this is the time. I'll think it over and let you know.'

A week later I heard from him that he was agreeable to my taking over. Would I please come over again and discuss the matter?

I was still under the wartime control of the Medical Co-ordinating Committee of the Australian Government and had been instructed when I first went to Port Fairy that if I left the town without consent I could be conscripted and sent to any part of Australia. I travelled to Melbourne, saw the chairman, Colonel Shaw, and made my request.

'Colonel,' I said, 'what would be your reaction if I took over Dr Sleeman's practice in Portland?'

He beamed at me. 'I would welcome it with open arms; I have been pestered with letters from Dr . . . who wants to be demobilised so that he may return to Port Fairy', he said.

A month later we returned to Portland, had a good look round, liked what we saw and called on the old doctor. Financial arrangements were reasonable and it was arranged

that until we found accommodation of our own we could stay in the doctor's house and use his surgery. We clinched the deal and returned to Port Fairy.

When the news of our impending departure got round we were warmed by the way people wished us well. The Borough Council asked us to attend a farewell dinner. It was a sad occasion for me as I had grown to know and like these people. There were many laudatory speeches, but the one I really enjoyed came late in the evening when alcohol had released tongues. The speech was short and to the point: 'If there's anything wrong with you and you go to the Doc., he cures you, but if there's nothing wrong he says "Get t'hell out of here".'

Not such a bad epitaph, I thought, but I doubt whether my family approved.

CHAPTER TWO

Oldest town, newest hospital

Portland started when Edward Henty landed there in 1834. He had sheltered in the great natural harbour of Portland Bay in 1833 when on a voyage from Western Australia to Van Dieman's Land (Tasmania). The hinterland, he discovered, was rich in vegetation and ideal for cattle and sheep. So, in 1834, he returned and settled there, founding the first settlement in Victoria.[2] Henty prospered and the town grew up around him, with wide streets and dignified bluestone buildings and churches, some of which still remain.

The width of the streets was determined by the turning circle of the bullock teams, which were the heavy transport of those days. They were a picturesque sight, sixteen or more muscular bullocks yoked together. The drivers had a rich vocabulary of swear words and a remarkable skill in making loud cracks with their whips within an inch or two of the ears of the bullocks. When we came to the town there was still one team left; now all have gone.

The town itself had only a small population, about 2,500, though spread out over quite a large area. It was a picturesque place, everybody knew everybody else and we were received with friendliness. Dr Sleeman introduced me widely.

He was a colourful character and legends had grown up around him. One concerned a lady who rang Sleeman in mistake for the butcher. The conversation went along the lines: 'Mrs . . . here, would you please send up two pounds of rump steak?' To her embarrassment back came the voice of the town's doctor. 'Madam,' it said, 'I have often been called a butcher, but I don't deliver the meat!'

Sleeman was a convivial soul who, when there were no patients to be seen, liked to stroll down to one of the hotels for a 'quick one'. He had done so one afternoon when, in conversation round the bar, something came up which made him decide to go to Melbourne for the week-end. Unfortunately he forgot to remove the notice which he had pinned to the surgery door which read 'Back in ten minutes'. As the hours went by frustrated patients added their comments. 'Not at the Gordon', said the first. 'Have tried the Richmond, not there', helpfully added another, and one by one all the town's pubs were mentioned. His re-appearance on Monday morning solved the mystery and restored his reputation.

My first need was for a car, but at this time all motor vehicles were controlled by the wartime Ministry of Transport. I interviewed the appropriate official in Melbourne and explained my need. He was courteous and explained that there were very few cars available but that I would be given second priority.

'Who gets preference?' I asked out of curiosity.

'An eighteen stone doctor', was the answer. 'The floor of his Austin 7 gave way last week and he fell through.' Not long afterwards my car arrived, an eight cylinder Buick which had formerly belonged to the Japanese Consul. It carried me in luxury for many years.

I put up my brass plate and made the usual courtesy call on the other doctor of the town, Dr Henry Maling. He greeted me in a friendly, if non-commital way. I left hoping that, though we would be in competition, we would still work together. The opportunity came in an unexpected way. One of my former patients from Port Fairy asked me to perform the hysterectomy operation which was required.

Thinking this over next morning I felt I should ask Dr Maling to help. I was reluctant. Dr Maling, who was a skilled surgeon, could almost certainly if he wished, find fault with my surgical technique. I would be operating in a strange theatre with unknown assistants, doing a far from easy operation. Yet to have a skilled helper would be of great assistance. The thought persisted so I saw Dr Maling and invited his help.

'I have never been asked to do this before,' he said, then added, 'but I don't see why not.'

The morning arrived. I entered the Portland operating theatre, was introduced to the anaesthetist and nursing staff, then the operation commenced. The early stages of a hysterectomy are the difficult ones and all our attention was concentrated on careful work, but once the uterus had been removed, we could relax. This was the stage of tying off blood vessels and sewing up the various layers of the wound and our fingers moved automatically. It reminded me of my mother knitting. I remember her so well, sitting round the fire in the evenings, listening with one ear in case the baby cried, while talking to us older children. All the time her fingers would be moving the knitting needles of the jumper she was making, apparently automatically. So it was with us. I told him about my years in Papua and more recently, Port Fairy; he told me about Melbourne and Portland. He had been an outstanding athlete in his day, particularly in rowing and was still well known in sporting circles (though he did not say so). By the time we had finished sewing up, packed the patient off to bed, and enjoyed a cup of tea I was 'Berke' to him and he was 'Henry' to me. I felt I had found a friend and I think he thought the same way.

A week later he asked me to assist him at an operation, which I did. From then on, until our practices grew to take in other partners, we always assisted each other with any major surgery, thereby enabling us both to take on much bigger surgical procedures than would have been possible working separately. In fact, only very specialised operations had to be sent further afield, saving patients travel and expense. Occasionally when there was some special function in Melbourne which I wished to attend, Henry Maling willingly took over my practice, and I did the same for him. I later realised how unusual this was when the Premier of Victoria, the late John Cain snr, while visiting Portland, was extolling to some of us the virtues of a nationalised medical service.

'For instance,' he said to me, 'if you and Dr Maling were in a nationalised service you could take week-ends off and each look after the other's practice.'

'Mr Premier,' I replied, 'we do so already.'

The Portland Hospital, where I was to do much of my work, was a completely obsolete building. Erected in 1847

when Portland was a small community it had long outgrown its usefulness. The roof timbers were so rotten that no tradesman would repair the leaking roofs and bed patients had to put up umbrellas in rainy weather. The drinking water, unbeknown to the staff, was found to come from a well into which flowed the yard sweepings. Corridors were so narrow that trolleys would not go round corners, and no one could follow how the plumbing worked.

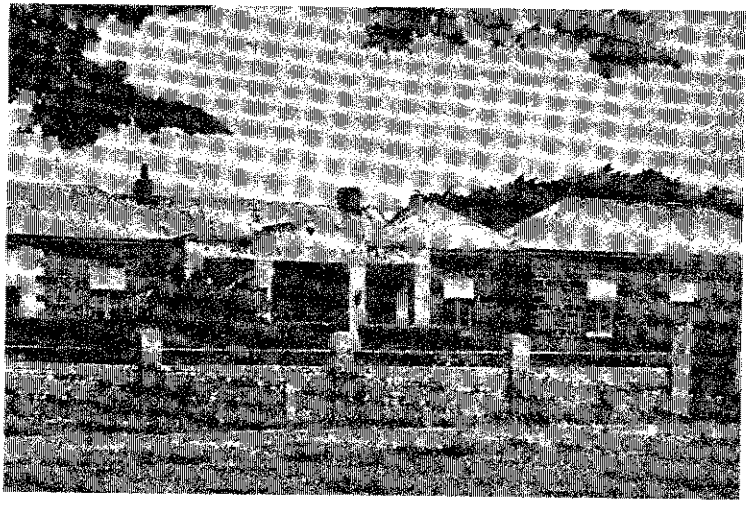
The blame for this state of affairs rested, in my view, on the lethargy of successive boards of management which included no one with medical experience. I canvassed to get Dr Maling on the board, and the following year he supported my election. Then we set to work to plan for a new hospital. As a first step we collected the doctors, matron, midwifery sister and the theatre sister and put it to them: 'Supposing now that we were planning this hospital and money was no object; all that mattered was efficiency, what would you like in your respective departments?'

Suggestions began to flow in; simple reforms first, then more imaginative ones. Someone suggested oxygen piped to every bed instead of having to trundle heavy cylinders, piped suction in the wards, piped gases to the operating theatre, a dayroom for patients, full length windows in all wards, steam heating and sterilisation: ideas came fast, everyone trotting out their pet thoughts. No one, of course, thought that these things would ever come about, but it was pleasant to dream of Utopia.

All the various suggestions were written down and later classified under headings. It began to look quite an impressive list.

At the next board meeting we presented this report. It was adopted and submitted to the Hospitals and Charities Commission, which in turn approved it with minor amendments; and the firm of Leighton Irwin & Co. was appointed architects. They drew up an imaginative and highly functional plan and construction commenced. In this post-war era both materials and labour were in short supply and the work dragged on for nearly four years. Then one day I noticed that the foreman painter seemed to be worried about the forthcoming visit of the head of the firm, Mr Irwin, whom we had not seen up to this time.

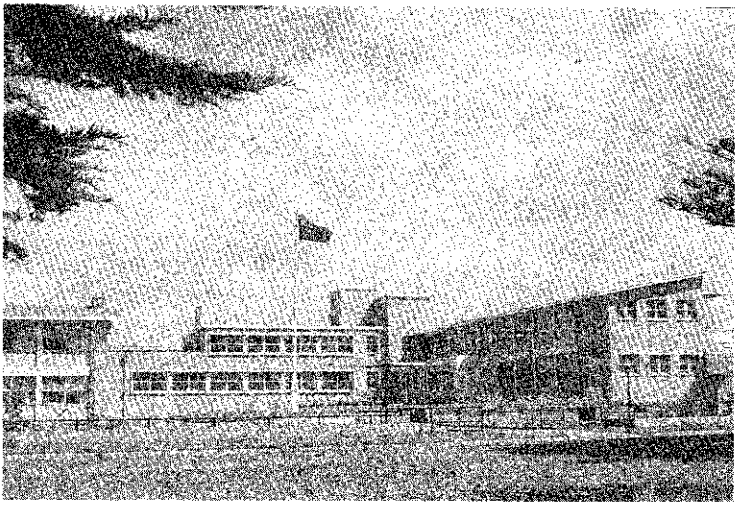
'What's the trouble?' I asked.



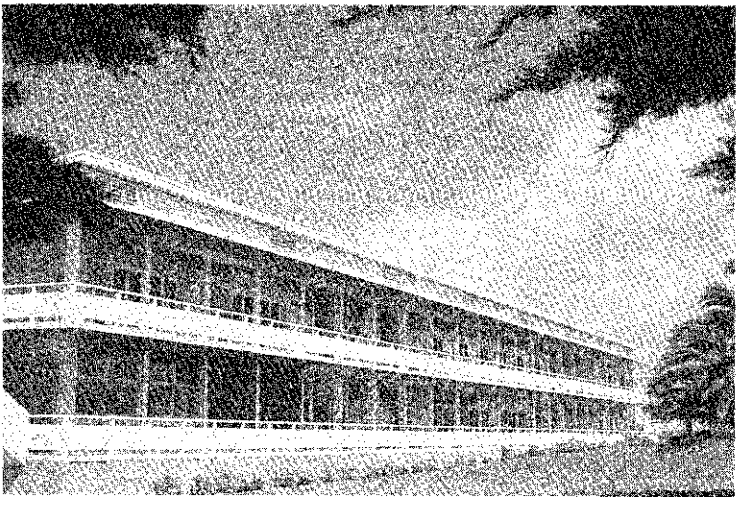
Port of Portland Authority

Old Portland Hospital, built 1847.

Governor of Victoria laying Foundation Stone of new Portland and District Hospital, Dr Henry Maling, President, next Governor.



New Portland and District Hospital.



'You have no idea', was his reply. 'I was working on the Canberra Hospital building project when he came down to choose the colour scheme. When he wished to choose a colour he insisted on a whole wall being painted for his inspection. Well, I painted the wall. He stood back and looked at it. "No," he said, "too dark, lighten it up a bit."

'So, I lightened it up, then he decided it needed a touch of green, so we put that in. This went on until I had painted that bloody wall twenty-three times. I was nearly tearing my hair out. Then I had an idea. "Mr Irwin," I said, "you've been working hard, how about a game of golf? The Canberra course is lovely at this time of year." He hummed and hawed, then said, "Not a bad idea, a round of golf would do me good."

'A few hours later he returned and I had another wall ready for him. He stood back and looked at it. "Ahhh," he said with satisfaction, "that's what I wanted."

'Then like a fool I put my foot in my stupid mouth and said, "Mr Irwin, that's the colour I first put on for you".'

'He looked again and said, "You may be right", and we started all over again.'

Mr Irwin did come down, and contrary to our fears proved amenable, and quickly agreed on a colour scheme which was a welcome break from the traditional cream and green.

The new hospital was finally finished and we moved in without waiting for formalities. The old one was immediatly pulled down but the materials were not wasted; the squared bluestone was used to construct part of the war memorial at Camperdown and extensions to St Stephen's Church, Portland.

I was keen to see beautiful gardens around the building and we needed plenty of water points. There were a number of plumbers in Portland who were united in only two things; firstly, one could rarely get them to do a job, and secondly, when they did do one, their charges were enormous. I contacted every plumber in turn and said, 'Next Saturday morning we plan to have a working bee at the hospital. While everyone is working would you like to join the other plumbers in laying water piping throughout the grounds without charge?' At 8.00 a.m. on the following Saturday every plumber in the town was there and by

11.00 a.m. the job was done. A large volunteer force turned up that afternoon and by evening all the grounds had been landscaped.

In due course, when the gardens were at their best and the building immaculate, the Governor of Victoria consented to open the hospital. All we needed now was a flagstaff to hoist the Australian flag in honour of His Excellency.

One of the timber firms made a fine pole of impressive size and presented it to the hospital; the problem was where to put it. Unfortunately no two members of the board could agree, so it was resolved to refer the matter to the architects. Time was running out when eventually the letter arrived saying that such and such was the ideal site. We all trooped out and the engineer measured it out; then we all stood back and looked at each other; the spot chosen was exactly over a large drainage manhole!

While the hospital was being rebuilt Freda and I were looking for a home. Houses for sale in the town all required black market transactions, which we refused, so we drifted from one set of rented rooms to another; seven times in eighteen months. Then we were offered, at the legal price, an old poultry farm some distance outside the town on the cemetery road ('very appropriate' my friends used to declaim). The weatherboard house was in poor condition and it took years of interesting work to turn it into a comfortable and spacious home. Unpromising as it looked at the time, we could not, in retrospect, have made a better choice. Today that house stands in the middle of a thriving residential area.

Almost immediately after we had entered into occupation I was approached by one of the house agents who wanted to know if I would lease one of the poultry sheds.

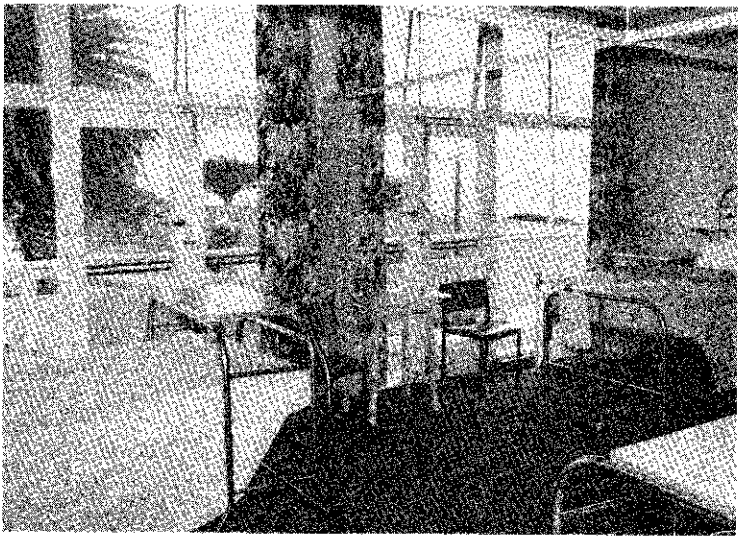
'What do you want it for?' I asked him.

'Well, you know, Doc, holiday makers will pay anything for a place to stay.'

'But it's a hen run', I replied.

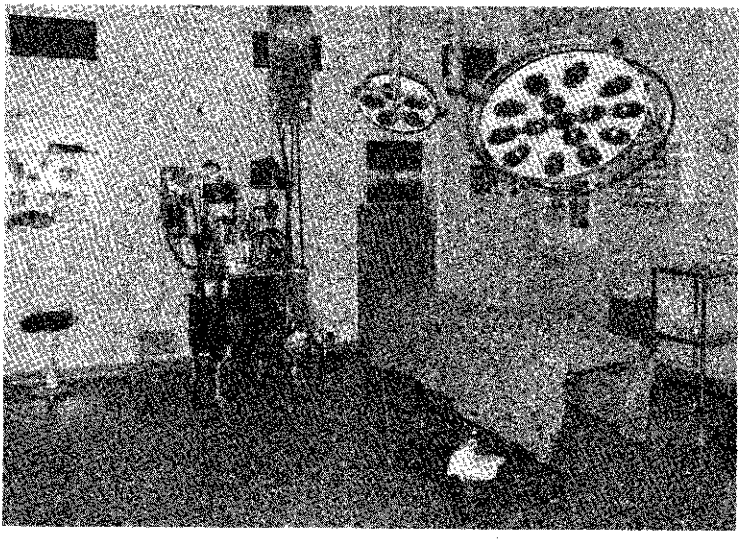
'Oh, you don't need to worry about that, it will bring you in a few bob and cost you nothing', he replied.

I could see myself as Medical Officer of Health condemning my own hen run as unfit for human habitation so I declined his offer.



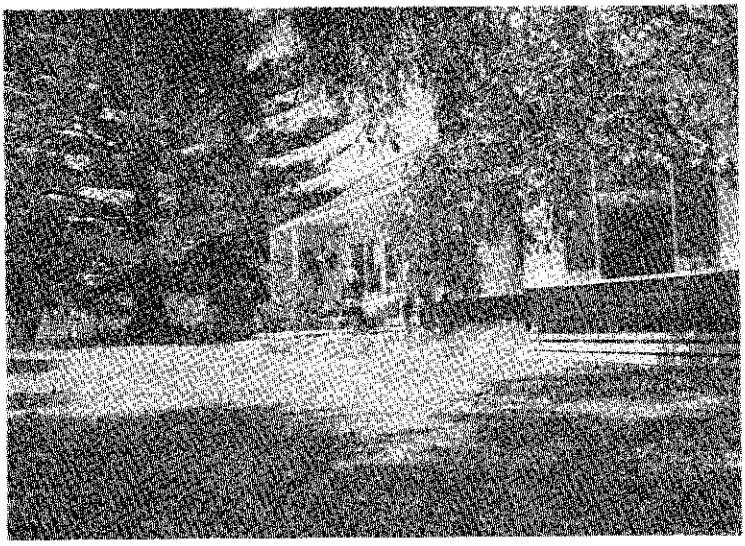
Leighton Irwin & Co

Light and airy wards.

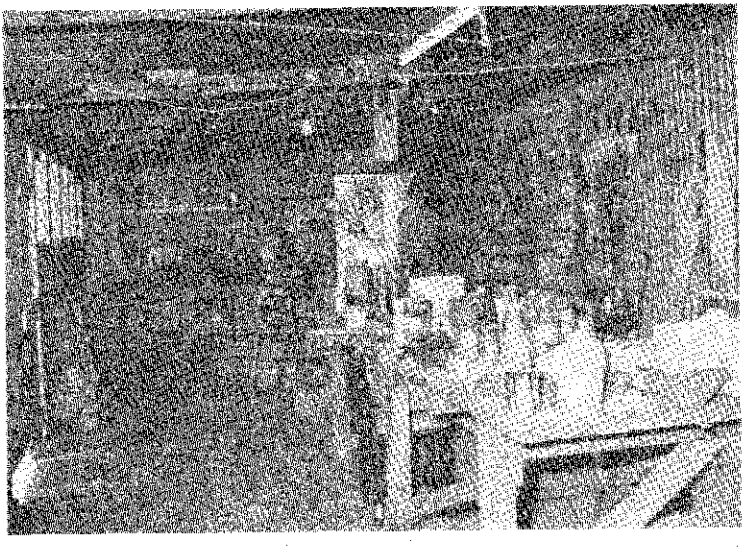


Leighton Irwin & Co

Modern operation theatre.



A comfortable and spacious home.



Workshop.

Our children also settled in happily at the local high school which had an outstanding headmaster, but with his departure conditions deteriorated and we sent Patricia to Methodist Ladies College, Melbourne, and Michael and John Dermot to Geelong Grammar School. A generation later two grandsons were to follow the boys at the same school.

I have mentioned my appointment as Medical Officer of Health for the Borough of Portland. This was not an onerous job. We were fortunate in having a good Health Inspector who did all of the day-to-day work of inspecting food shops, hotels, eating houses, and other places covered by the Health Act. He would only report to me during the month if he needed my advice or backing in some health problem, such as on one occasion when we decided to prosecute the Mayor of the Borough. The Mayor was a butcher. One day the Health Inspector and I decided to do a lightning inspection of all the butchers' shops and unfortunately for him, the Mayor's shop had meat with an excessive amount of preservative in it, so he was prosecuted and fined. It was 'a fair cop' and he did not hold it against me.

Mass immunisation of children against common infectious diseases was part of the work of the MOH and immunising sessions were held every month, and were well attended. Mothers would line up carrying their babies at the town hall sessions. In would go the needle, there might be a surprised yelp, usually nothing. In an hour or so our team of Health Inspector, Infant Welfare Sister and myself had treated perhaps a hundred babies.

Immunisation at the schools was another matter; usually several hundred children, sometimes close to one thousand had to be injected. Also the children watched every move the team made. I used to sterilise the needles in boiling water (later we used disposable needles). One small boy watching this as he approached in the line was heard to say to the boy next to him, 'Gee, he's squirting in red-hot water'.

The best method with children was to keep them on the move. A long channel was formed with desks and chairs usually going round a bend. Down this, like a cattle race, the children would be impelled forward. One person would snatch the consent form from the boy's hand, another swabbed his arm with antiseptic, I gave the injection. The

only thing they had time to notice was the bowl of sweets waiting for them at the end. We once reached a speed of four hundred injections per hour. Most of the children hardly realised what had happened.

On one of these occasions I was about to inject the needle when I noticed a tiny puncture mark on the boy's arm. He was the son of the local dentist.

'John,' I said, 'have you had an injection already?'

'Oh yes,' he replied brightly, 'but I wanted another lolly.'

There was always the occasional child who would panic. In this case it was important to make straight for this child and get the injection over before he or she started alarming others. Once I was injecting the older children when a girl of about fourteen came round the corner at the far end of the queue. As soon as she saw the syringe in my hand she started to scream; within seconds all the staff in the room converged on her. Some comforting, others steadying her until the injection was over. A teacher led her sobbing from the room.

I was surprised when, a few months later, the same girl walked into my surgery and produced a couple of ear-rings. 'Would you put these in my ears, please?'

'You realise that I will have to use a needle in each ear?'

'Oh yes,' she replied matter of factly, 'that will be quite all right.'

She sat down. I injected a local anaesthetic into each ear lobe and then pushed a large-bore needle through the ear. Threading one end of the ear-ring into the needle I withdrew it and the ear-ring. The procedure was repeated on the other side without a murmur. She thanked me and went out. I was amazed, I had seen this girl at immunisation sessions several times; each time she had panicked. Now, fashion had decreed ear-rings and she was cool and calm.

Fashion has many worshippers. One young working woman consulted me one day. She lived in a rather poor and neglected house nearby and looked not too well fed. Her complaint was itching and discomfort in her feet. It was a typical tinea infection. I wrote out a prescription for the rash and told her that as her shoes were almost certainly infected she should sterilise them.

'Have you got a spare pair which you could wear while these are being treated?' I asked her.

'I have seventeen pairs', was her answer.

'Seventeen pairs', I echoed in surprise. 'What on earth do you want seventeen pairs for?'

'Oh,' she said brightly, 'I have one for each party dress.'

CHAPTER THREE

All at sea

In 1945 the Second World War ended and men from the armed services started to return to civilian life. Many found it hard to settle down after the excitement and discipline of the services. Later came the ex-prisoners of war, mostly survivors of the Australian ninth division, from Japanese camps, Changi, and the infamous Burma-Siam railway, many of them maimed in body and mind.

I added my might to the general confusion via the medium of a mosquito. One day I chanced to see on the wall of my room at Portland an anopheles mosquito. This is not the ordinary culex variety, which is a nuisance but not harmful, but the true malarial carrying or potentially carrying mosquito. Since there were many ex-servicemen in the district with malarial parasites in their blood it was not hard to imagine that if one of these insects bit such a person it could pass the infection on to other unprotected local people. I immediately informed the Victorian Department of Health of my findings.

I got back a curt letter stating that I had been mistaken, there were no anopheles mosquitoes in southern Victoria. I had been seven years in New Guinea where I was more than familiar with malarial mosquitoes and their head-first-diving stance so there was no doubt in my mind about the existence of these insects in Portland. I caught one and forwarded it in a tube to Melbourne. I rather think this shook the Department because I got back a much more conciliatory letter admitting that I had been correct but assuring me that there was no cause for alarm as anopheles

mosquitoes in these cold climates did not carry malaria. This was manifestly absurd because the Pontine Marshes in Rome and the Fen country in England had spread malaria for centuries and both were in a higher latitude than Portland. So this time I informed the Department that I intended to carry out research and allow a local mosquito to bite a patient with malaria and later dissect its stomach to ascertain if the malarial parasite was breeding there. Immediately I got back an agonised telegram from the Chief Health Officer imploring me to do no such thing. Officialdom, like the ostrich, has a partiality for solving unpleasant problems by burying its head in the sand. I got round the problem by publicity in the press, asking all ex-servicemen to sleep under mosquito nets and have full anti-malarial treatment. Whether the Chief Medical Officer or I was correct, I do not know, but we had no local spread of malaria.

I had much better relations with the Commonwealth Government. Not long after I took over the practice I was interviewed by the Commonwealth Deputy-Director of Health, the senior Commonwealth Government Health Officer in Victoria. As a result I was appointed Quarantine Officer at Portland. As was impressed on me, quarantine – the isolation imposed on persons or animals that have arrived from outside carrying infectious disease – is a life and death matter for Australia. Due to its geographical isolation, the country has remained free from many human and stock diseases, such as rabies and foot-and-mouth disease, which have caused incalculable damage to other countries. The Quarantine Officer's duty was to board every ship making Portland its first Australian port of entry and check for human, plant and animal quarantinable disease.

Usually this was a straightforward matter but it had its embarrassing moments as when, acting on instructions from Melbourne, I had to forbid a United States Navy ice-breaker to give a dinner ashore. The Captain who officially represented the US Government was proposing to use ship's frozen chicken and ham which might have carried Newcastle fowl disease.

One of the first ships I had to examine was a Japanese cargo ship with an ill sailor on board. Examination showed

a critically ill young man with intestinal obstruction. Owing to the lapse of time since onset at sea the bowel had become gangrenous. Any attempt to remove the decayed part and rejoin the ends would have been fatal. The only possible procedure was the Paul-Mickulicz operation. In this a loop of bowel containing the gangrenous part is brought out of the abdomen, after which the abdominal wall and its inner lining are closed around the healthy ends of the bowel; a drain tube is then inserted in the bowel. In a few hours the gangrenous intestine becomes sealed off from the interior by the skin and lining sticking to it. A few days later it is safe to remove the rotten bowel and join the two healthy ends of the loop together. Meanwhile the patient is fed through his veins.

This was done, but in the meanwhile the rotting bowel was covered over by dressings and bandages.

Australians had strong views about Japan at this time. The atrocities of the Burma-Siam railway and Changi gaol were still fresh in everybody's mind. The ship from which the young sailor landed was actually the first Japanese ship to visit Australia since the war. Before leaving Japan the crew had been warned for their own safety not to leave the ship and to keep well away from Australians. So this young lad, speaking no English, without friends or countrymen, was frightened before ever entering hospital. When the first change of dressing was done and he saw what was under the bandage he was more than frightened, he was terrified. I could see it staring out of his eyes, perhaps he thought we were killing him by some form of hara-kiri. There was a danger that he would give up hope and die; somehow we had to find a way of communicating with him. Then I thought, 'Try the ex-prisoners of war', so the word was passed around.

Knowing what these men had suffered at the hands of the Japanese I was amazed and moved at the response; every one of them volunteered freely to act as interpreter. Unfortunately most of them were useless for our purposes as their vocabulary was too limited, then one turned up, a Melbourne plumber, who was one of the survivors of the Burma-Siam railway force. He was quite fluent. I saw the patient's eyes light up as he heard his own language and immediately he poured out a flood of Japanese in reply.

As soon as the ex-prisoner heard it he fainted; a repeat trial unfortunately had the same effect and it became obvious that the memories brought back by the Japanese language were too much for him. We were in a quandary. Then an English lady living in Portland heard of our trouble. She had been educated in Tokyo, was later interned during the war, and lost a baby son while in the camp. She might well have been bitter, but instead she became our interpreter, brought flowers from her garden and cared for him. With adequate explanation the lad started to regain hope, and the whole situation changed. While the wound was healing the lad became a favourite with everyone. The nurses learnt a few words of Japanese and he some English so that strange sounds from both sides and peals of laughter became a regular feature of the ward. Eventually the time came for him to be discharged and we told him of our intentions via the interpreter. The latter turned to me and said, 'He wants to know how he is going to go home now that his ship has gone'.

'No problem,' I said, 'we'll send him home by air.' She translated this to him, but instead of pleasure I saw a look of complete mystification come over his face.

'Are you sure you have that right?' I asked.

'I think so', she replied.

'Well it is not what he understands.'

A search through a dictionary followed and the mystery was explained. She had told him he was going home on an earthquake. He did go home and we had grateful letters from his mother, himself, and the Japanese government. The people who deserved gratitude, in my view, were those who had suffered greatly under the Japanese yet were willing to forgive and ready to help.

One day I received a telegram from Adelaide stating that the cargo ship *James J. McGuire* was making for Portland with a sick sailor on board. With the Harbour-master accompanying me we intercepted the ship about seven miles out to sea. She was a medium sized tramp ship flying the 'Require Medical Aid' flag, not the yellow 'Q' (quarantine) flag. We boarded her and I found a man suffering from typhoid fever and took him ashore. Concerned with getting the ill man into hospital as soon as possible I made the elementary mistake of not asking the Master

the name of his last port of call. The ship proceeded on her way to Melbourne. The next day I got a peremptory telephone call from the Deputy Director of Health asking for an explanation of how it was that I had let an overseas ship make an entry into Australian waters without going through a quarantine examination; indeed I had committed a grave offence in landing a sick man under these circumstances. I was astounded, neither I nor the Harbour-master had any idea that this was the first port of call for this overseas vessel. I explained about the Adelaide dateline and the fact that she was not flying the 'Q' flag nor had the Master mentioned that he was making an entry into Australian waters. The Director accepted my explanation but I learnt a lesson in probing deeper where overseas ships were concerned.

The *James J. McGuire* stuck in my mind over this unfortunate incident and in 1951 I heard of it again when the ship berthed at Portland. At that time the sole wharf was open to the bay. While the ship was unloading at this wharf, the wind swung round to the south-east, the exposed direction, and big rollers started to come in. The pilot, who was at the other end of the town, hurried down to the ship and was about to take her out from the wharf when a huge wave lifted the ship and dumped her on the sea bottom. She hit heavily, damaging the rudder and stern plates. Tugs had to be summoned from Melbourne and she was towed to Sydney where it was found that the repair could not be carried out there so she had to be towed to Hong Kong. Meanwhile, an enterprising journalist dug out some more facts about the *James J. McGuire*. It was this ship which was responsible for the loss of the *Jervis Bay* during the Second World War. She was in a convoy crossing the Atlantic when, for some reason or other, she wandered away from the convoy and was sighted by the German heavy cruiser, *Admiral Scheer*. The raider, realising that there must be a convoy near at hand, ignored the *James J. McGuire* and searched in the direction from which she had come, eventually locating the convoy. The convoy's escort on the side nearest to the raider was *Jervis Bay*, a former Australian coastal passenger vessel converted into a lightly armed auxiliary cruiser. Captain Fegan, the ship's commander, knew very well that his ship stood no chance at all

against one of the world's mightiest warships but he never hesitated, and travelling at full speed, interposed his ship between the German ship and the convoy. The convoy scattered while *Jervis Bay* took the full weight of the cruiser's gunfire. In spite of skilful evasive tactics Fegan's ship was blown to pieces. He himself was posthumously awarded the Victoria Cross, but his attack saved the convoy which had time to escape. *James J. McGuire,* the cause of the incident, escaped without damage.

After her accident at Portland *James J. McGuire* was repaired but continued her career by collisions at both Lae in New Guinea and Hobart, Tasmania. By now it was widely rumoured that she 'had a jinx' and seamen refused to man her. Eventually she was bought by Esso, cut in two and a new section added. She now sails under a new name.

All this is departing from quarantine procedures. In those days Portland's lack of a sheltered harbour meant that ships had to be examined far out in the bay. The Harbourmaster and I would travel out by launch and board the ship by climbing up a rope ladder. This is not an easy thing to climb, especially in a heavy swell. It consists of two vertical ropes between which are lashed flat wooden steps. The ladder is attached to the ship's rail, twenty or thirty feet above and sways with the ship and the wind. When the launch comes alongside the method of boarding is to stand on the side of the launch and as it rises, steady oneself until the crest of the wave is reached, then jump and catch the ladder and climb immediately. Once when I was doing this my foot slipped on one of the wet rungs and I was left hanging on the rope with my feet dangling; the launch rose on the next wave and jammed my leg between its side and the ship. I thought for a moment that my leg was broken, but it was not; I got off with extensive bruising. One shipping agent was not so lucky, his fractured leg took months to heal.

On climbing the ladder, one is always greeted by a senior officer and taken to the Captain's cabin. Here one would complete the paper work while the ship's crew are mustering on deck for examination. Quarantine regulations specified at that time that this had to be done in daylight so it was usually done on the boat deck. Unfortunately, in some ships there are feuds between the deck officers and the

engineers and neither will appear for examination until those of the other branch have finished. This is an annoying business because of the unnecessary delay it causes. It had happened to me several times and I was determined that it should stop.

One bleak wintry morning just after dawn I was inspecting an oil tanker out in Portland Bay. The navigating officers and crew had reported smartly and been examined but there was no sign of the engineers. Out on the open boat deck it was really cold, I felt it huddled in an overcoat with jumpers underneath. I waited and waited, then far down at the stern end of the ship a man emerged from the engineers' quarters. It was the first engineer of the tanker. With leisurely steps he strolled along the catwalk which runs fore and aft and quite obviously demonstrated how independent he was. When he reached me I looked him up and down silently.

'Take off your coat', I said quietly. He took it off.

'Take off your jumper', I repeated.

'Have a heart, Doc,' he said, 'it's cold.'

'Take it off', I roared. And so I stripped him down until he was stark naked. He got gradually more and more blue as I examined him minutely. While all this was going on heads were peering through portholes. When I had finished, the message had reached the engineers; like shot out of a cannon they emerged and came pelting up the catwalk ready for examination. Not a word was said, but the Captain purred like a cat which had been at the cream. I rather suspect that the word must have circulated on the seamen's grapevine for I never again had this sort of delay in all the years I served at Portland.

In later years I had the choice of several smart tugs belonging to the Portland Harbor Trust to take me out to ships; but in the early days, during and immediately after the war, my steed was an ancient converted rowing boat with a single cylinder Kelvin engine. This was chartered from one of the local fishermen and we would poppop our way out to ships at a crawl. When we reached the ship my fisherman pilot's animosity to big ships would invariably take over. I used to sit back in admiration as a verbal duel would take place between two seasoned seamen.

'Give us a lee, carnt yer', my pilot would roar at the

bridge of the ship. A startled Captain would seize his megaphone and back from Olympian heights a voice would boom out, 'What the hell do you think I'm doing?'

Not to be outdone, my guide would roar back a remark about ruddy great barges and useless seamen, so the battle would be joined. I would usually be the meat in the sandwich and would have to pacify an irate Captain when I climbed aboard, but it always enlivened the day for me.

On one occasion I had a ship to examine and decided to start early as it was going to be a busy day. Out in the launch we went while the ship came towards us in the semi-darkness just before dawn. We were about seven miles out and as we drew near I expected her to stop; on the contrary she kept coming at full speed, we had to move smartly to get out of her way. As we slid past her quarter I could hear shouts and the ringing of the engine-room telegraph. A great column of water shot up from the ship's propellors as she went full astern. She pulled up about half a mile inshore from us. As we turned and came towards the ship I noticed something rotating at the top of her foremast. I had not seen this before and idly wondered what it was. The Captain was most apologetic, 'I never saw you until you were alongside us', he said.

After the formalities were complete and we had had a drink he asked me if I had seen radar.

'What's that?' I replied.

'It's a marvellous new invention', he said, demonstrating the radar screen on the bridge.

'You see that thing revolving on the masthead? That will pick up and show on this screen a cork floating in the water five miles away.'

I forebore to point out that he had missed a whole launch at one hundred yards! Contrary to what one would expect it is a fact that there have been more collisions at sea since radar came in than before its invention. Perhaps the most notorious was the collision some years ago between the Italian liner *Andrea Doria* and the Swedish *Stockholm* off the Nantucket light. Prior to the collision, which sank the liner with considerable loss of life, the two ships had watched each other's approach on their radar screens for over twenty minutes.

Getting on to a ship by a rope ladder was one thing, but

getting a patient off was another. Sometimes we had to use the Neil-Robertson stretcher. This stretcher was designed for cliff rescue work but it proved invaluable. It consisted of a heavy canvas blanket in which were incorporated several split bamboo laths running longitudinally to stiffen it. The patient is placed on this and the sides are wrapped round him and laced together. The ship's crane is raised and a rope from it is attached to a steel ring at the top of the stretcher, another rope is attached to the bottom. The crane then lifts the patient vertically and swings him outboard while the lower rope is thrown to the launch below. The crane then gently lowers while the stretcher is guided by the launch crew until it reaches the deck of the launch. It is, perhaps, not an experience for faint hearts, but much safer than lowering an ordinary stretcher. We often used it in rough weather.

There was once an occasion when even the Neil-Robertson stretcher would not suffice to land a patient. A telegram arrived one afternoon to say that the coastal liner *Duntroon* was making at full speed for Portland with a very sick man on board. It could not have come in worse weather. A south-east gale had been blowing for days and huge seas were rolling in. Clearly the patient must be very sick or else the Captain would have kept him on board until he reached Melbourne. The Harbour-master, Ambulance Officer and I set off when *Duntroon* hove in sight. Within minutes we were soaked as huge seas broke right over the launch which was tossed about like a pingpong ball. The Captain of *Duntroon* gave us every assistance; he brought his ship in as close to shore as he dared to do in the hope of getting some protection from the land but the seas were so great that there was no hope of getting aboard. I spoke to the Master from the launch and he told us that he thought the patient, his Chief Officer, had a perforated stomach ulcer. I was in a quandary; I could not get on board, and even if I had succeeded in doing so, I could see no way of getting the patient off. The Neil-Robertson stretcher, which we usually used in rough weather would have been gravely injurious to a patient with a perforated ulcer. The Captain solved the problem by putting the Chief Officer on a stretcher, lashed to the seats of one of the ship's lifeboats. Then they lowered the fully-manned lifeboat slowly; we

stood well clear but my heart was in my mouth as the boat reached the water. Their timing was perfect. As a wave towered up they released the falls and rowed clear. It was a much easier job to transfer him to the launch and get him ashore. At operation we found a quarter-inch perforation in the floor of a duodenal ulcer which I closed. He made an uneventful recovery.

Not all marine hazards are in deep water as one young man found out. He had had an enjoyable afternoon skin diving off the wharves at Portland when he decided to take a rest on the sea bottom. Unfortunately a local hypodermic needle factory had decided to dump their reject needles in this supposedly safe place. The diver's rise to the surface was meteoric and startled spectators were treated to the sight of a human porcupine with stainless steel spines emerging from the water. He himself was unsure what had happened to his seat but had not waited to find out.

CHAPTER FOUR

Justice must be seen to be done

Portland used to be regarded as a political 'swinging' seat so it came in for an unusual amount of attention from the politicians. One of these, Bob Holt, Labour MLA and later Victorian Minister for Lands, was a personal friend. Bob was a lawyer and had one remarkable characteristic – he could take a simple topic and render it so complicated that none of his hearers could follow him – sometimes I wondered if he could follow it himself. In spite of this or because of it, he was a hard worker and a devotee of political meetings, usually late at night. One day he alarmed me by relating how on two occasions he had gone to sleep while driving home. Advising that he should shorten his meetings had no effect so I gave him some amphetamine tablets and told him to take one before driving home at night. After the next meeting he remembered the tablets in his pocket but could not recall the dose, so to be sure he took four!

It was a fine clear night and the engine hummed smoothly as he drove home. Feeling very wide awake he reacted quickly when right ahead of him a deep pit in the road showed up in his headlights. He managed to stop and got out only to find a normal road. From there his trip became a nightmare of hallucinations. He reached home in safety but was rather suspicious of my prescriptions from then on.

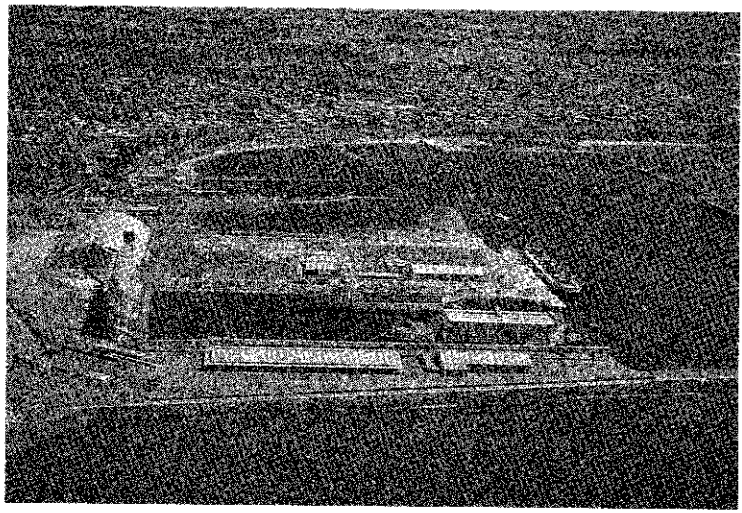
Bob Holt, and his counterpart in the Legislative Council, Hugh Macleod, had the interests of Portland very much at heart and joined with leaders of the local community in the early moves to create a deep sea port at Portland, badly needed to decentralise the overcrowded port of Melbourne.

Construction started and soon a massive breakwater and wharves began to take shape. Then a difficulty arose. The only feasible rail route to the port would run just inside the boundary of a public reserve but the appropriate Government authority refused sanction. An impasse was reached until the Minister agreed to inspect the site. Some politicians are said to 'sit on the fence with one ear to the ground' and this was the case now; the Minister was obviously nervous about public criticism of alienating public land. The Portland Harbour Trust Commissioners were prepared for this so they suggested that they be allowed to start work on the railway on the understanding that, if the Minister received criticism, they would immediately stop work until the position was clarified. The Minister agreed to this and left for Melbourne.

Unknown to him, probably the largest collection of earthmoving equipment in southern Australia had been assembled round the corner, out of sight. Five minutes after the Minister had gone the signal was given. Working through the night the machines dumped and levelled soil. By the time the Minister reached his office next morning the job had been completed. There was no public criticism.

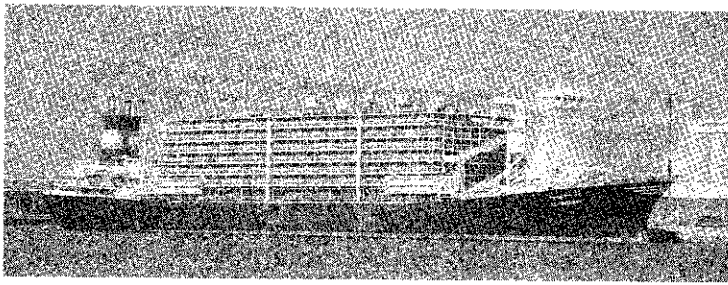
The outstanding success of the harbour project was largely due to two men, Mr Keith Anderson, CBE, MC and Mr E.P.C. Hughes, CBE. Keith Anderson was appointed the first chairman of the Portland Harbor Trust and it was almost entirely due to him that finance for the project was raised.[3] Pat Hughes was a brilliant engineer and administrator and under his leadership Portland became the first scientifically designed port in Australia and by far the most economical in cost.

To provide stone for the breakwaters and wharves a quarry was opened up at Cape Grant and I, together with other doctors, came into the picture because accidents started to take place in spite of all safety precautions. One accident which did *not* concern me, however, was that of a bulldozer driver pushing the overburden above the needed limestone into the sea. Working at the edge of the cliff his bulldozer went too far and started to slide; he hastily scrambled free while the machine plunged into deep water at the foot of the cliff. His accident report was a classic: 'When the bulldozer was half way down the cliff I thought



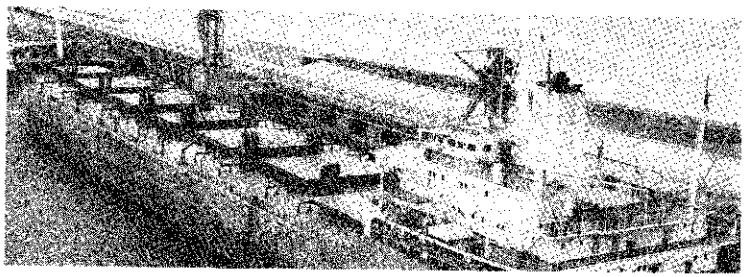
Port of Portland Authority

Portland port, 1984. Note reclamation proceeding (background). Live sheep carrier at wharf.



Port of Portland Authority

Live sheep carrier 'Al Quarain'. These ships carry over 100,000 sheep to Middle Eastern ports every month.



Port of Portland Authority

Bulk grain carrier. Note two loading towers, these load about 1,000 tonnes per hour.

it was time to dismount and summon help!'

The first major accident to involve me was that of another bulldozer driver working in the quarry. When an earth and rock fall descended on him it caused a compound fracture of the skull, a ruptured kidney, and other injuries. His first few days in hospital were stormy ones but he gradually started to recover and eventually was discharged. From then on he used to visit me in my surgery so that I could assess progress; but this was very slow. I used to feel sorry for the poor fellow as he came through the door, sometimes stumbling and inco-ordinate in his movements, but always looking the picture of dejection. He had difficulty in expressing his feelings in words and I could see there was a change in his personality. Years passed before his action for damages came up in court; then I received the usual subpoena summoning me to appear to give evidence, with its warning: 'Herein fail not at your peril'. After an hour's drive I reached the court house; Mr X was shambling about outside looking his usual miserable self. I hoped the jury would give him justice, I could see little future for him. Then counsel for the defendent (an insurance company) fell on me and attempted to demolish my views on bulldozer driving. I stuck to my point, going into the mechanism by which the two tracks of a bulldozer have to be handled separately for steering and at the same time the blade had to be raised and lowered. It was out of the question, in my view, for Mr X to handle this type of machine again. Eventually counsel gave up and tried another tack: 'All right, doctor, if he can't drive a bulldozer he can at least do carpentry?'

Recollection of a conversation with Mr X some twelve months previously came to my aid. 'I remember him telling me', I said, 'that he built a hen house but the wind blew it down the following week.'

Counsel grunted in disgust and then tried again: 'Well, at any rate,' he said in despair, 'he can milk a cow?'

'I don't know, I have never milked one', I replied.

He glared at me and sat down.

The judge summed up in favour of the plaintiff and the jury awarded Mr X £14,000 damages, a large sum in those days. His solicitor told me afterwards that it was largely my evidence that influenced the jury. I was glad to have

had a part in the course of justice. I saw nothing of Mr X for some years but heard that he had gone on a world tour. Then one day he walked into my surgery. I could hardly recognise him, he looked trim and energetic, and spoke without hesitation, 'G'day Doc, I hear your son has bought a block of land outside the town?'

'That's right', I answered.

'Well,' he said, 'if he wants a bit of bulldozing done I hope you'll remember me!'

Not long afterwards there was an even worse accident in the harbour. Mr Y was an engineer working on the barge which was deepening the harbour. While carrying out some adjustments his spanner caught in the moving machinery and was flung into his head with tremendous force. When I first saw him on a stretcher in the hospital I thought there was little or no chance of survival. He was deeply unconscious, barely alive, in fact. His head was in a horrible mess, still dripping blood, and beside him on the stretcher I could see a piece of brain tissue. This was certainly not a case for us, but the nearest neuro-surgical unit was in Melbourne, 250 miles by road, and to move him would have been fatal. He was taken straight into the operating theatre; an anaesthetist, whose anaesthetic services were not required since the patient was so deeply unconscious, took over the resuscitation procedure while my team started cleaning up the wound. There was a jagged hole going through to the brain, the skin above it was missing altogether, and the skull beneath fragmented and the pieces driven in. The first necessity was to stop the bleeding, then the skin was trimmed to remove the greasy and muddy rough edges, finally came the removal of the bone fragments from the brain. With a jet of sterile saline and gentle persuasion the fragments were removed one by one. It was finicky work which could not be hurried; twice during the ensuing hours the patient stopped breathing but each time the anaesthetist was able to revive him. Then as the last spike of bone came out the anaesthetist and I both noticed that his coma was lightening, in fact during the final stages of closure he had to be anaesthetised. There was no hope of closing the bony deficit but by parallel incisions on each side of the wound I managed to free two flaps of skin to come together sufficiently to cover the brain.

With great care he was transferred to a bed and wheeled to a ward. Next morning he was semi-conscious; within a couple of days he was fully round and I was able to conduct tests. His power of speech had gone and he was paralysed down one side of his body but otherwise he was remarkably alert and could fully understand what was said to him and answer by signs. The wound gave us trouble with infection, which was expected, but antibiotics kept it under control and within a few weeks he was fit to transfer to Melbourne for bone grafting of the skull defect. I lost sight of him then but heard that the operation had been successful and that he had gone back to his home in Sydney.

Four years later my receptionist came into my consulting room and told me that there was an old patient of mine outside who was passing through Portland and would like to greet me. A lady then came through the door whom I recognised as Mrs Y and she was followed by a man whom at first I did not recognise, then realised that it must be Mr Y. He was walking with a limp but was otherwise quite well. He smiled broadly when he saw me and spoke with a slight stammer. He told me that he was enjoying a holiday and spoke about his future plans, while I marvelled at the change since I had last seen him. A few weeks later I was summoned to Sydney to give evidence in his court case. When I walked into the court house I was greeted by the solicitor who told me that the case had been settled out of court a few minutes previously. The barrister on the other side had said to him, he related, 'So often I have litigants here who have some small injury and are full of complaints but this man, in spite of a major injury, gave a factual account of his present state and made no complaints. I just didn't have the heart to cross-examine him.' He was awarded large and appropriate damages.

I would like to complete this section on the Portland harbour with two stories. Pat Hughes, the Chief Engineer, was one day smitten with, of all things, mumps. It was necessary for him to rest at home but he did not like this at all; always the first to arrive at the office he had never missed a day's work. After the first day or two reading began to pall so he stationed himself at his big living room

window overlooking the harbour and studied all that went on through binoculars. Out from workshops and stores came men for a smoke or a quiet game of cards, securely hidden, as they thought, from prying eyes. Within minutes messages started arriving, via telephone, bidding foremen inspect such and such places. From then on no place was safe from the eyes of the 'spy in the sky'. Most unsporting!

The Senior Engineer who was in charge of the actual construction work at the quarry and on the breakwater was a Canadian. He had won the George Cross for conspicuous gallantry during the Second World War in connection with bomb disposal. I think he was the officer responsible for defusing and moving the landmine which fell on St Paul's Cathedral, London. His visits to the sites had an effect similar to his bombs. A cloud of dust moving rapidly on the Harbor Trust road to the quarry would appear. Everyone there would become very busy, then a car would drive up and the "Brown Bomber" would alight. He would storm round the workings, all the while holding forth in a flood of instructions and admonitions in the purest Australian with a few English and Canadian swear words thrown in for good measure. Everyone accepted this as part of the daily ritual and after he had gone, work (and leisure) would proceed smoothly. Then the Bomber read an article in the *Reader's Digest* on the damage done to the blood pressure by 'blowing one's top'. He became a changed man. On arriving at work next day he looked round, nodded his head, and drove away in silence. No one knew what it all meant and for a time there was chaos, then the spell wore off, the Bomber's usual form reasserted itself, everyone settled down feeling secure and that all was well.

As a postscript to this story I would like to say something more about the influence of the *Reader's Digest*. Within a day or two of the appearance of each new edition in the bookshops the hardy perennials among my patients would start calling at my rooms. The conversation would usually start with a vague skirmish concerning headaches, 'funny feelings', or the like which both they and I knew were merely the appetiser; then the pièce de rēsistance would appear, 'Do you think it might be leukaemia?' or whatever might be the *Reader's Digest* topic of the month. I would go through the motions of examination

and reassure the patient who would then thankfully disappear for another month. With the coming of television the club increased considerably and I was hard put to keep up with the changing medical fashions.

I can understand the poor souls who constantly worry about their health, but there is one class of patient for whom I have little sympathy, the malingerer. An expert malingerer, and there are such people, is difficult to detect and, particularly in medico-legal cases can cause endless trouble. An illustrative case will exemplify the point. I was called out one day to an Australian coastal ship and on boarding saw the Captain who told me that the patient was a stoker who had vomited blood. When I asked for more details he suggested that I see the patient first. The patient gave a typical peptic ulcer story of long-standing indigestion which had got worse since he joined the ship a short time before, and had culminated in his vomiting blood. When I asked to see the blood he told me he had vomited over the side of the ship. He was tender to touch in the appropriate places in his abdomen; it was all consistent with a peptic ulcer, and yet there was something not quite right, it was too perfect a story. When I returned to the Captain's cabin I asked for further details; he told me that this stoker, who had recently joined the ship, found the heavy work of the engine room not at all to his liking and complained volubly to the engineers. When he found himself near Portland he had this haemorrhage which no one else witnessed and promptly demanded to be put ashore.

'Do you think he is a genuine case?' I asked the Captain.

'No, I don't', was his reply. 'I think he is a lazy so and so who sees a good way to get off the ship; what do you think?'

'I rather agree with you but I'll have to take him into hospital for observation just to be sure', I said. I may say I have great respect for the judgement of ships' captains; I do not remember any cases where their diagnoses were at fault.

We took the man ashore and I carefully examined him in hospital. While examining his chest I made a great show pummeling it vigorously while with the other hand I quietly pressed hard over the so-called tender area. He took not the slightest notice. Coupled with the fact that

no one with his history would have passed the medical examination on joining the ship I now had no doubt that he was malingering. The ward sister was with me during the examination so I addressed her, 'Sister, in view of Mr Z's haemorrhage he must have nothing to eat or drink except ice to suck'.

'Very good', she said. We both left the ward and I then told her what it was all about.

It must have been a sore trial for the patient when that evening everyone else in the ward had a good dinner while he sucked ice. When I did my round that evening he assured me that he was now much better and enquired anxiously after food but I turned it down, so he had no breakfast next morning. Shortly afterwards when the ward sister returned after a temporary absence she was just in time to see him disappearing down the road, suitcase in hand, in the direction of the nearest cafe and home!

If malingerers were a pest, so were some reporters. I respect the reputable journalist who contributes, researches and publishes hidden facts which the public should know, but the sensation-mongering reporter is another matter. The secretary of the British Medical Association once said to me, 'If I provide the press with a carefully worded statement about new plans for improving medical services it will almost certainly be ignored, but if I were to hit the Minister of Health in the face it would get front page headlines!' From my point of view, the press quest for news often cuts across the duty of the doctor to preserve confidentiality regarding his patient. I once had a sharp argument with a reporter who was trying to extract from me confidential information about a patient.

'Mr . . . if I were your doctor would you like me to pass on facts about your medical condition to some stranger?' I asked him.

'Of course not,' he replied, 'but, then I'm not news' as if that excused everything.

On one occasion I was called out to another coastal ship. This was in the days when I was still dependent on the old fisherman's decrepit launch. Sure enough, this trip was the usual painfully slow one. The ancient engine at first refused to start and only did so after he had taken it apart and reassembled it. A mile or so later it died completely and the

rest of the journey was completed under sail. On reaching the ship I found that one of the crew had a large abscess. I had some basic emergency instruments with me so we sterilised these in the ship's galley and I enlisted the help of the Second Mate as anaesthetist. It only took a few seconds to lance the abscess and put on dressings, the man himself was up and about before I had cleaned and resterilised my instruments. When I got back to the wharf I found a reporter waiting for me. He asked me what the journey had been about and I told him that one of the crew had had an abscess which had been put right. Not long afterwards the phone started ringing on long distance calls from various papers.

'What did you do?' was the first query.

'Lanced an abscess', I replied.

'Was it a difficult operation?'

'No, very easy.'

'Was the sea very rough?'

'No, very calm', and so it went on.

That evening I was amazed to hear on the national news about a 'mercy dash' to a ship at sea, mountainous seas, intrepid doctor climbing rope ladders, difficult operation successfully performed and so forth. It took me some time to realise that my very slow and uneventful trip was the 'mercy dash' of the news bulletin!

CHAPTER FIVE

Doc, I feel crook

In medical practice misunderstandings between physician and patient can easily arise.

'He didn't listen to me', is a favourite patients' complaint; sometimes this is true and is to be deplored, but more often the apparent heedlessness is because the patient wishes to emphasise something in his story and keeps on repeating the same thing, when the doctor had in fact got the point long before.

'He didn't take my temperature' or 'He didn't look at my tongue' or worst of all 'He didn't take my blood pressure'. Often these things are irrelevant but they have become obsessions.

My first patient in the Portland practice was an elderly retired man. He asked me to examine his heart which I did. I found nothing wrong and told him so. A month later he was back again; he had some vague pain somewhere and wanted to be sure that his heart was all right. I reassured him but in a few weeks he was back once more. This time I told him strongly that there was no need for him to be re-examined for another six months, but it was to no avail; from then to the day of his death twenty years later he was sending for me. Later I found the cause of his obsession. Years before he had consulted a cardiologist about a pain in his chest. A cardiogram was taken which showed a heart defect and the patient was informed. However, next day the specialist contacted him and apologised for an error, someone else's cardiogram had been mistaken for his, there was nothing wrong with his heart. The patient never fully

accepted this explanation. Curiously enough, when his time did come he told his housekeeper that he was going to die and when she wanted to call me he refused, there was nothing, he said, that I could do. He died within twelve hours.

What many patients do not realise when they complain about their doctors is the training in observation which all doctors consciously or unconsciously acquire. When the patient first enters the room he is under observation. His gait, the expression on his face, his breathing, his colour, the presence of tremor or paralysis have all been noted before he utters a word. When the middle aged, rather plump lady with blonde hair enters, my brain repeats the old medical student mnemonic of gall bladder disease, 'Fair, fat and forty' automatically. As soon as she says that hot buttered toast and cream puffs give her indigestion I start reaching for the request slip for a gall bladder X-ray. When I feel the typical tenderness on pressing over her gall bladder I only need to know a few more details at that stage before X-ray confirms the presence of gallstones. The patient sometimes feels hurt when, tactfully I hope, I try and cut short the flow of irrelevant details which she would like to tell.

Then there is the elderly man, a bit grey in colour, who walks slowly through the door; there is perhaps a faint suggestion of breathlessness. By the time he has told me about the tight feeling in his chest, of being 'crushed in a vice' behind his breastbone, and about the pain which passes down his left arm, I know that his coronary arteries are in a bad way. Further history confirms this but the actual examination, which he thinks so important may show very little abnormality and it is the blood chemistry and electrocardiogram which give the final verdict.

This habit of selective observation becomes second nature. On one occasion my wife and daughter asked me about a young lady whom I had seen boarding the tram on which I was travelling at the Royal Melbourne Hospital tram stop. My daughter thought from something I said that she knew her.

'What did she look like?'

'Oh she was quite a pretty girl, but there was nothing remarkable about her', I replied.

'What colour hair had she?'

'I cannot remember.'

'Well then what was the colour of her eyes?'

'I didn't notice.'

My daughter turned to her mother, 'Hopeless isn't he? I bet if she had a goitre or something like that he'd remember.'

'Now that you mention it,' I replied, 'she did have a goitre, a small one mostly on the right side.'

My daughter looked at me in disgust. 'You see, he remembers that but nothing else, absolutely hopeless isn't he?'

'Absolutely!' said my loving wife.

Actually I did not dare tell them but on the tram I had mentally carried out a dashing piece of surgery – collar incision, ligation of the thyroid blood vessels, removal of most of the thyroid gland including the cystadenoma which was undoubtedly present, and finally suture of the wound – all in one virtuoso performance before I left the tram!

If patients have complaints about their doctors, the converse also applies. A schoolmaster, after a trying interview with the father and mother of a pupil, once snorted to his colleagues, 'Parents should be banned by law'.

Sometimes I felt the same way about patients. Usually this centred round the taking of the patient's story, his 'history' in medical jargon. The history is of great importance; if an accurate and careful history is taken in full cooperation with the patient the diagnosis often becomes apparent before the patient is even examined. Many patients, as I have previously indicated seem incapable of grasping this point and become impatient when they are questioned.

'Why doesn't he get on with finding out what is wrong?' is the obvious question in their minds. Many times have I had patients come into my consulting room and the following sort of conversation takes place.

After the preliminary courtesies, 'Well now, Mrs . . . what do you feel is wrong?'

'Oh, nothing, Doctor. I just want my blood pressure checked.'

'I'll take your pressure in a moment,' I reply, 'but have you noticed anything wrong?'

'Oh, no, Doctor. I just want my blood pressure taken.' I can see I am getting nowhere so I put on the sphygmomanometer, which measures blood pressure, and a minute later, 'That's good, your blood pressure is quite normal'. A bewildered look comes over the lady's face, 'You mean there's nothing wrong with my blood pressure?'

'That's right.'

'Well, why do I get headaches, and a tight feeling in the back of my neck, and feel giddy and don't sleep well?'

By this time, especially if it has been a trying day, my patience is beginning to run thin and my reply is shorter than it ought to be, 'Why did you not tell me that in the first place when I asked you?'

Then there is the patient who tells everything except the one important fact. I take a history, go through an examination without finding anything important, only to have the patient say as he goes through the door on leaving, 'Oh, by the way, Doctor . . .', and out comes the really important fact.

All the same, having criticised patients for their obsessions I am not guiltless myself. In 1957 I stopped off in Uganda on the way to London. While there I noticed for the first time a faintly blood-stained discharge from one nostril. I looked up my nose as best I could with the help of a mirror and thought I could see a tumour; it dawned on me that it was probably cancerous. All the way to London I was sure that it was spreading widely. On arrival I rang up a specialist I knew and described it to him.

'Sounds bad, old man. You had better get attention quickly. I would like to see you but I am booked up. How about going down to Barts (St Bartholomews Hospital)? They'll see you straight away.'

I went down to Barts and sat on a bench waiting my turn; looking at the wall across from me I could see no difference from its appearance when I was a student there over twenty-five years previously; the same gloomy colour and the door in need of a coat of paint. My reverie was interrupted by a call to go in. An efficient-looking lady doctor listened to my story, produced a speculum and inserted it in my nose.

'Ah, yes,' she said, 'a bit of a wart, it needs a scrape', which she proceeded to do. I was shocked. Here was I with

The author revisiting his old school (Monkton Coombe) in England, 1957, fifty-two years after leaving.

one foot practically in the grave and this unfeeling doctor talks about 'a bit of a wart'. How could she be so callous?

There are two schools of thought about what should be told to patients. One doctor with whom I used to work went into great detail with his patients. I, on the other hand, tend to avoid lengthy explanations unless I am directly asked. I am not sure that patients really take in much of what is told them and sometimes the more authoritarian 'Do this' or 'Don't do that' is sufficient. When I was practising in Papua I was once talking to a patient who mentioned someone else he knew living at the other end of the Territory. He related what the other man's doctor had said. What he did not know, and what I did not tell him, was that I was the doctor, and what I was alleged to have told the patient had very little resemblance to my actual words.

A doctor in England told me that a patient had come to him with his son, saying that he had consulted the doctor's locum while the doctor was away on holiday, and that the locum had told him that the child had a button up his

nose. The doctor looked inside but could see nothing wrong so he got in touch with the locum. He asked him if he remembered the boy.

'Yes,' said the locum, 'he had adenoids.'

'Did you tell him that he had a button up his nose?' queried the doctor.

'Certainly not', said the locum. Then recollection came. 'I remember now,' he said, 'the father had never heard of adenoids so I explained that it was an area of swollen flesh rather like a large button.'

The father, I may add was a highly intelligent man, in fact a leading figure in the London financial world. I am not sure that the more authoritarian approach of telling the patient only what he needs to know is not better.

Having said this I must contradict it in a story about a lady who consulted me about obesity. I put her on an 1800 calorie[4] diet, carefully written out in detail. In a week or so she returned and I weighed her. To my amazement, instead of losing weight she had gained several pounds. I asked her if she had followed the diet and she assured me that she had done so meticulously. Then the penny dropped. I asked her, 'Did you take anything else besides the diet?'

'Nothing at all,' she replied, 'except of course my usual food!'

Perhaps explanations are better.

I think there must be an aura of authority attached to doctors. I realised this when, summoned to Melbourne to give evidence in court, I walked into the foyer to find a milling crowd of people around a man seated on a bench. As soon as my solicitor saw me he rushed forward. 'Thank God you've come', he said. 'One of the witnesses is a diabetic who took his insulin injection this morning but missed out on breakfast. He started to feel faint and the barrister and I thought he must be suffering from insulin overdose so we tried to give him sugar but he won't drink it.'

A cursory examination confirmed the solicitor's diagnosis; the man was rapidly passing into coma. I took the glass of sugar and water and went over to him and shook him. 'I'm a doctor, just drink this, please.'

He opened his mouth jerkily and I poured it down. There

was an awestruck murmur from all around as if I were some sort of superman. I felt anything but that, but one thing I was sure about was that he would do what I said. Minutes later the man started to come round and later gave his evidence without trouble.

Apart from the difficulties of communication between doctor and patient there is the problem of rapport. By this I mean that intangible something whereby the doctor likes the patient and the patient has confidence in his doctor. Without this, I am convinced, the family physician cannot do much for his patient. I have had very few patients with whom I have felt a barrier, but those I had, I told frankly that I could not help them and advised them to see another doctor. This is one reason which impels me to oppose any government scheme whereby the patient is a cypher on a social welfare card, attached whether he likes it or not to Dr A or Dr B. This may be a tidy arrangement for health planners but it is disastrous for family medicine where the doctor, as he grows older, should become the guide and friend of the family as well as physician. One gets a new perspective when one can say to oneself, 'I attended her mother and her mother's mother and they felt the same way as she does'.

Then there is the difficulty of language. Many Australians get by on a minimum of adjectives; there is the universal 'bloody' which can mean anything or nothing. 'A bloody car', 'those bloody policemen', 'them bloody politicians' or even 'the bloody wife', can convey contempt, affection, or even be inserted to round out a sentence. Then there are bizarre phrases like 'a fair cow' which can describe a stubborn black bull or an engine which will not start or a job which is too difficult. So too with 'bonza', 'dinkum', 'you're kidding'; all these have a wealth of meanings. I was used to these in history taking and translated them according to the context without much difficulty, but there was one word which I dreaded, the word 'crook'. Whenever that word popped out I used to groan inwardly.

The conversation would go like this: 'Good morning Bill, what's your trouble?'

The patient's mouth would open and a puzzled look would come over his face; one could almost hear the cog wheels whirring inside his brain. Then out it would come:

'I feel crook, Doc'.

'I see', I would say resignedly if untruthfully. 'Now how exactly do you feel crook?'

Another mental convulsion would take place, then: 'Y'know, Doc, it's like this.' A long pause would follow while he groped for the right word, then out it would come. 'Ah, Doc, ya know, I sorta feel crook.'

It was like a Bach prelude and fugue, no matter where you chased the theme, up or down, loud or soft, the same chords caught up with you. Usually I gave up the history in despair and just hoped that something would turn up in the examination, but even today, as I write this in India, if someone were to interrupt the flow of Marathi or Hindi, he has only to turn to me and utter the one word, the word 'crook', for my blood pressure to reach the top.

If the patient has difficulty in expressing his thoughts to the doctor, so also has the doctor sometimes in giving an intelligible name to the patient's illness. There are patients who are not particularly interested in names. I have several times seen an operation scar and asked what was the operation only to be answered, 'The doctor never told me'. But most patients, quite naturally, like to know what is wrong with them and do not feel happy until a name is attached to their illness. One fellow student of mine became a very fashionable general practitioner in the south of England and it was said that the secret of his success was that he was never at a loss in giving names to medical conditions. On one occasion he was asked by a patient who had a pancreatic cyst what was wrong. With no hesitation he replied, 'You have water on the sweetbreads' which fully satisfied the patient. There are however pests who like to air their medical knowledge. One such was constantly annoying me by asking for scientific terms and then arguing about them. His sore throat was treated successfully with penicillin. At the end he asked the usual question, 'What has been wrong with me?'

I told him, 'You had a mild throat infection'.

'I know that,' he said impatiently, 'but what caused it?'

I thought to myself, 'I'll fix you, my boy'. In view of the response to penicillin[5] I was reasonably sure of my facts so I replied, 'You were infected by the beta-haemolytic coagulase-positive streptococcus pyogenes'.

He looked stunned for a moment, then rallied, 'Ah,' he said brightly, 'I wondered if it was that!'

There are other possible sources of misunderstanding. One hot summer afternoon I was working in my surgery in Tyers Street, Portland, when the telephone rang. It was the hospital ringing to say that one of my obstetric patients who was in labour was ready for delivery. There was no time to be lost so I rushed out to my car which was parked on the street outside the door and drove at high speed up the road, at the end of which was a popular pub, the Royal Hotel. Unheeded by me was a patient waiting in his car to see me. Seeing me rush out and disappear in the direction of the pub he drew his own conclusions. He waited for a few minutes, then went in and saw my receptionist.

'Doctor gone?' he enquired.

'Yes', was the reply.

'Be back soon?'

'No, not for some time', she said.

He looked at her sympathetically, 'On the grog, I suppose', he concluded.

CHAPTER SIX

Bureaucrats and babies

I have mentioned the personal relationship which grows up between the family physician and his patients of several generations. All of this, most doctors feel, would be imperilled by any government scheme of control of the profession by bureaucrats. So when in the post-war years the Commonwealth Government attempted to lure and coerce doctors into the beginnings of a nationalised medical service, by offering free medicine if prescribed on official forms under restricting conditions, there was opposition. The British (later Australian) Medical Association advised non co-operation by refusing delivery of the forms.

One day I received a request to call for a parcel at the post office. A large parcel headed Commonwealth Department of Health was passed over the counter.

'Sign here', said the clerk.

'I don't want it', I replied and pushed it back. The clerk looked at me as if I had escaped from a mental hospital.

'You don't want it?' he repeated in incredulity. 'What do I do with it?'

'You can do what you like with it', I answered graciously. That day doctors all over Australia did the same thing and the scheme collapsed.

If anyone else wishes to check on bureaucratic management of medicine the Repatriation Commission is a fertile field. An example will illustrate:

A patient of mine, a 1914-18 war veteran, had some administrative difficulties about his pension and was summoned to Melbourne. He arrived there early in the

morning after a 300 mile journey and presented the official letter at the enquiry desk at Repatriation Headquarters. The clerk pointed to a bench across the room and said, 'Please sit there until you are called'.

An hour passed, then another, but nothing happened, so he went back to the desk only to find someone else there. He told his story again.

'I know nothing about that. If you were told to sit there do so', said the clerk. By this time the old man was tired and hungry, it was past lunch time and breakfast seemed a long way back. By 2.00 p.m. the bench was full of waiting people. Then the door at the end of the room opened and a uniformed attendant called out, 'Come this way, please gentlemen'.

My patient rose stiffly to his feet, tottered out, and was ushered into a waiting ambulance; within a short time they drew up at Caulfield Hospital where the patient was directed to a ward. A ward sister met him and said, 'Put on these pyjamas and get into bed'.

My friend, by now thoroughly confused, attempted to tell her that his was a pension claim but she brushed him aside. 'Don't argue, just get into bed and wait for the doctor.'

After an hour or two he plucked up courage and asked a passing nurse, 'When will the doctor come?'

'Next Thursday afternoon', was the reply.

After battling with stubborn bureaucrats it was always refreshing to turn to places where one's help was welcomed. Football and sports clubs needed advice, first-aid classes filled a useful role, other organisations had problems. My wife found an outlet as Honorary Probation Officer at the local court and developed a rewarding relationship with many of the girls committed to her care. Perhaps this was one reason why I read a second time an article in *The Medical Journal of Australia* entitled 'Illegitimacy and Ignorance'. This referred to the increasing number of school girls who were becoming pregnant, and the rising incidence of venereal disease in students. It was pointed out that many of these children were grossly ignorant of sexual biology in spite of their apparent sophistication. The writer queried who were the people who should help. Not school teachers, he said, they were too close to the

children; not the clergy; nor psychiatrists; but the family doctor who still was respected and who was supposed to be knowledgeable in these matters. The writer urged family doctors to take on this task as a matter of urgency.[6] The more I thought over this article the more I realised that his conclusions were only too true and I knew I must do something about it.

There were some 1500 secondary students in Portland schools so I called on the Headmaster of Portland High School, showed him the article and offered to give sex education lectures to his school. He himself had been seriously concerned at student promiscuity and welcomed it. He referred the matter to the Advisory Council who concurred, consent forms were sent to parents, and arrangements were settled.

To get the sort of atmosphere where students would be free to ask questions single classes were desirable. Since the total number of students was too large I decided to confine my talks to the girls as being more at risk. The Headmaster agreed and a day was fixed. Complete with projector and slides I arrived and found a roomful of the matriculation class girls waiting. In some trepidation I started my lecture but it soon became obvious that these girls were really interested and I gave them the facts about reproductive anatomy, physiology, growth of the foetus, contraception, abortion and venereal disease. I was careful not to express my personal opinions nor to moralise. They listened intently and in silence. At the end I asked for questions but got none. Then the lady teacher who was present put me in the picture.

'The girls are shy, Doctor, give them a chance to put their questions in writing.' I did so and promised to return the following week.

Within days a large bundle of questions, unsigned, arrived on my desk. Some were trivial but many were profound and it was obvious that these young people were thinking deeply on these matters. Although I had been strictly factual in my first lecture I was hoping that I would be asked for comments in the second and I was. One of the questions was, 'What would you do if a single girl came to your surgery and asked for a prescription for the Pill?' Others called for other moral judgements.

As far as I can ascertain all the great religions which have guided mankind for millenia agree that there are certain fundamental moral standards which humanity disregards at its peril. The qualities of love, unselfishness and purity cannot co-exist with promiscuity. As I answered their questions I told the girls that this was my opinion and I could see from the looks on their faces that they did not dispute it. The talks continued for two years. No parent objected, some thanked me.

One of the by-products of the Permissive Society has been the rapidly increasing demand for abortion.

When women asked me for an abortion I used to explain that, in my view, it was murder of a human being and I would have no part in it. Immediately hostile objections would be raised: 'There's nothing alive there', or 'It's only a lump of gristle', or 'I can't feel anything so it can't be alive'.

My answer to this was to take from my drawer a small glass tube in which was a six week old foetus floating in preservative – I had found the foetus among the debris of a miscarriage. I would hand over the tube and say, 'Look at this little fellow, see his eyes, his fingers and toes, is this what you want to kill?'

Sometimes the woman would be silent for a time and then say, 'Is that what I've got inside me?'

'Yes', I would reply. There would be a pause and then she would get up and go out without another word. I am convinced that many people are being rushed into abortion without being given all the facts, including the long term psychological scars which may be left.[7]

Then there were the married women, whose families had grown up when they found themselves unexpectedly pregnant. Many of these women, though asking for abortion, were rather half-hearted about it, often pushed into it by husband or friends. When there was a frank discussion of ways and means, I found that some became reconciled to the prospect of continuing the pregnancy and invariably the resultant baby would be gladly 'adopted' and often spoiled by the more senior members of the family. However, not all felt this way. One day I was approached by the mother of a family of teenage girls. She had missed a period and was quite distraught. Examination confirmed

a possible pregnancy. When I told her so, her objections poured out, her nerves were in a bad way – so she said and I knew it was true – she was tired, and could not possibly face going through with it.

'If you don't take it away I'll jump in the sea', was her ultimatum. Nothing that I said had the slightest effect. I was in a dilemma, if I agreed I was going against all my beliefs of right and wrong, if I refused I might have her death on my conscience.

As she talked I silently prayed for wisdom. Then deep in my heart it became clear to me that I must follow my convictions. What happened as a result was God's responsibility and I must leave it to him. I told my patient that I would give her every possible help if she went through with her pregnancy but I would not interfere with it. She left the office in tears. That night part of me waited for a telephone call from the police about a suicide, the other part of me felt confident that all would be well, but by the morning I knew the worst was over. A month later the patient came to the surgery for examination. She was bitter and resentful, blaming me, her husband, everybody except herself. When she came for her fifth monthly check it dawned on me that I was not hearing any more complaints, by the eighth month she was quite excited about the forthcoming event. The labour was straightforward and when I presented her with her newborn son she was delighted. This was the first boy in several generations and her husband and the family showered congratulations on her. Their marriage gained a new zest and I watched that tiny baby grow into a fine young lad.

After writing this story in India I decided that, though identification was unlikely, I ought to get my former patient's permission to publish it. She readily gave it and went on to add that this lad was a joy to her and to her husband; a copy of his school report was enclosed. I have never seen its equal, 'A' marks in each subject and the comments ranged from 'very good' through 'excellent' to fullsome praise. A few months later, when on a visit to Australia, I called at their house and was introduced to a cheerful young giant, an obvious athlete who was clearly the idol of his parents.

'Son,' I said, 'what would you like to do when you leave

school?'

'Medicine', was his reply.

Those doctors who feel they have a mandate to 'play God' in destroying embryos[8] might like to ponder a story told by the American writer Joe Bayly:

'A college professor put this problem to his class: "A certain man has syphilis; his wife has tuberculosis; of their four children, one has died and the other three suffer from an incurable illness that is considered terminal. She is pregnant. What do you recommend?"

'Most students recommended abortion.

'"Fine", replied the professor. "You just killed Beethoven."'

CHAPTER SEVEN

Taming the wilderness

I was brought up as an Anglican and attended the parish church, St Stephens, while in Portland. This lovely old bluestone church had been built by the Henty brothers, founders of Portland, over a century before.[9] So it was in this church that our daughter, Patricia, was married. Patricia had qualified as a nurse at the Royal Melbourne Hospital and subsequently worked in her profession overseas.

Now, she was to be married to John Belfield, a young soldier settler farmer, whom we welcomed as a son-in-law.

Unknown to any of the family, except my wife, I had hidden a tape recorder among the flowers. Five years later, on Patricia and John's wedding anniversary, I asked them if they would like to hear some organ music. 'Please', said Patricia. As the sounds of Purcell's Trumpet Voluntary filled the room Patricia leaned back and said, 'John, do you hear, just like our wedding isn't it?'

The music came to an end and the familiar voice of our vicar reading the marriage service could be heard. Patricia sat up as if she had been shot and listened intently as the service proceeded. She looked at me accusingly once or twice for not having told her about the recording but then became absorbed as she heard the words of the service and her own and her husband's responses. I think the presentation of the disc afterwards and its memories meant much to them both.

John had served in the Second World War and was entitled to government help in securing land at low interest.

Patricia and John, wedding.

The land allotted was at Harrow, about 110 miles north of Portland, and had an area of 800 acres, of which only a small part had been cleared; the rest was overgrown with bushes and low-grade timber. The Soldier Settlement Commission, the controlling government body, allowed him to buy only a second-hand tractor and an old cultivator. So began the arduous task of developing a viable farm. One wise old farmer who knew the area said it would take a generation of men's work and tons of fertiliser before the land would become really productive. He was right. Only now, after two decades, is it beginning to look like fertile country.

The urgent task was to clear the land. Normally this is done by bulldozers which push the trees down and drag them into rows for burning, but John had to do it by hand and tractor cable. Slowly, very slowly, patches of land became cleared, ploughed, sown down in pasture, and stock put on.

At last the time came when two large paddocks were clear and John gave consideration to sowing them with oats for winter feed for the stock. The problem was, however, the high cost of engaging someone with a harvester

to reap and process the crop. Thinking over this problem I became convinced that John was meant to have his own harvester. Harvesters are complex machines which cut the heads off the grain, thresh it, and winnow the chaff, and then collect the grain in a hopper tank. In those days the cost of a new machine was in the vicinity of £10,000 so the whole idea seemed quite impossible, because the combined family resources would not reach much beyond £200. However, we went ahead and placed an advertisement in a widely read weekly paper for an old model machine in working order. Several replies came back ranging in price from £500 to £150 and then one arrived advertising an old model machine at £25. John and I both agreed that any machine selling at this price would be worthless. We set out to see the next most inexpensive harvester. As we were driving along we passed the place where the £25 machine was kept so we decided to call. The property was a prosperous well kept farm and as we entered I could see a fine machinery shed in which was a modern harvester. The owner came out and we explained our errand. 'What sort of condition is it in?' we enquired.

'Quite good running order', he said and added, 'As you can see I bought a modern machine some time ago and the old one has just been lying there taking up room. When I saw your advertisement I thought that I might as well get rid of it.'

The machine was, we found, in excellent order, having been well cared for. We paid the £25 and had it transported to the farm. Later on that season it harvested £400 worth of oats with little trouble.

John's house, now built, was just a house, obviously designed by some city architect who had never experienced the heat of summer on these dry plains, and so had designed a typical suburban dwelling without verandahs or wide eaves. To add to the heat, lighting was by means of kerosene lamps. Electricity mains had not reached within miles of the place though they did later on, all the same, the house had been wired for electricity. We thought of ways and means of generating our own current but a lighting set would be far beyond John's means. Then the idea came to use the diesel engine which the Commission had installed in a wool shed about 200 yards away. This powered a sheep

shearing plant but could also be used to drive a dynamo, but here again the cost would be great. Just then the town of Casterton changed over from their own direct current plant to the State Electricity Commission's alternating current mains. We thought it might be worth a trip to the town to see if we could pick up some D.C. motors cheaply, one of these could be converted into a dynamo. A visit to the town paid dividends. In the town's printing works we found a stack of disused motors and for the modest expenditure of £20 came away with four of them. The largest of these, a 3 H.P. motor was used as a generator by running it at 25% above its rated speed. To our delight we found that we got a steady 230 volt direct current supply. It did not take long to run this over to the house and on connecting it up it provided all the power needed for lighting, ironing, and a waterpump and washing machine, the latter two powered by Casterton motors. It made life much easier for Patricia, John and the two children. There was only one drawback in the whole arrangement, when the last person put out his reading lamp at night, John had to tramp over to the wool shed and turn off the engine. We discussed ways and means of using a relay to turn off the engine but it was all too costly, until a very simple solution emerged. A wire to the generator was threaded through pulleys fastened to the power poles, and attached to the wall outside John's bedroom window. To turn off the engine all he had to do was to lean out of the window and pull; this lifted the governor and stopped the engine!

There was one final amenity which Patricia and John wanted to make life comfortable on the farm: a telephone. Application to the Postal Department was not very encouraging. John was informed that the Department would grant telephone service if he would be responsible for installing and maintaining three out of the eight miles of telephone line to the Harrow exchange. We analysed the problem: firstly it would require a large number of telephone poles – these could be cut from John's own timber; secondly it would require six miles of wire – this could be galvanised fencing wire which was not too costly; thirdly it would require a very large number of insulators and iron straps – these would be prohibitively expensive. Then I remembered that when driving through the Grampian

Robin Belfield

"Click go the shears." John at work.

Dry feeding sheep, John Dermot driving.

Mountains some time before I had seen what looked like a disused telephone line running alongside the road. A visit to Hall's Gap and Stawell comfirmed this and we found that it was an old municipal line which had been abandoned years before. At the Stawell town hall I was asked to submit a tender which I did, for £10! The offer was accepted and we became the legal owners of the telephone line with all the appurtenances thereof. For our next holiday Freda and I went to Hall's Gap and spent a few days climbing up and down telephone poles; we came away with a stack of equipment sufficient for far more than the three miles of telephone line. Three months later, after many family working bees, John and Patricia had their telephone.

While on the subject of electric power I would like to complete the story. Many years later the State Electricity Commission mains were extended to take in all the Harrow area; John was duly notified that the line would pass his property and that he could have his premises connected on application. On making enquiries we found that the house could be connected provided the wiring passed the S.E.C. regulations; there was no legal requirement that the

wiring had to be done by a qualified electrician, though once it had been connected no alteration could be made except by a professional. John and I checked the wiring procedures and felt competent to do simple extensions so we had a field day installing extra power points, also running an extension across to the garage and wiring it. Then John called in a licensed electrician and asked him to connect the house to the S.E.C. transformer. He did this but then decided that he could make a good thing out of rewiring the house. John told him that this was not required but the electrician muttered dark threats about the inspector for the S.E.C. and what he would do. One day he called and notified John that the inspector would be calling the next morning and again renewed his warnings. Pointing to the extension which we had put up to the garage he said, 'Look at that, those aluminium clips went out years ago; they should be brass. The inspector will certainly condemn that.'

As it happened I arrived later that afternoon for a weekend stay and John told me about the warning. We hastily bought a box of brass clips, lowered the cable and changed all the clips.

The next morning the inspector arrived. The electrician pointed out various things allegedly wrong in the house wiring but the inspector passed them; then he led him out of the house and pointed to the extension cable. 'Do you see those aluminium clips?' he said.

The inspector peered up. 'No,' he said, 'those are brass, they are quite all right.'

The electrician looked up at the wire and could not believe his eyes, all opposition subsided as he muttered to himself. The farm came on to the S.E.C. mains without further incident! The peace of the farm and freedom from responsibility was an immense relief to me after busy nights and days at Portland and I used to escape there whenever I could. The family had been warned on no account to reveal that I was a doctor.

My anonymity, unfortunately, did not last forever. One day a neighbouring farmer knocked on the door, which was opened by Patricia. 'Mrs Belfield,' he said, 'I believe you are a nurse, could you help me? One of my stud rams was operated on for a bladder stone a few days ago and the

wound has started to bleed. I have tried everywhere to find the vet but can't get him. Would you see what you can do?'

Patricia forgot the warning and replied, 'I don't think I can help you but my father is here, he is a doctor, I am sure he can.'

So I was called in, and, in spite of my objecting that I knew nothing about animals, he pleaded with me to go. I borrowed Patricia's instruments and we set out for the property. When we got there the animal was lying in a pool of blood. We arranged a wool-sorting table as an operating table and heaved the ram onto it. I scrubbed up and cleaned out the clot. Rather to my surprise I recognised the familiar anatomical landmarks and eventually found the spurting blood vessel, tied it off, packed the wound and closed it lightly. The grazier was very grateful but I knew my anonymity had gone forever. We walked over to the house for a drink. On the way I asked him quite innocently, 'Do sheep get tetanus?'

'I don't know', he replied. 'Why do you ask?'

'Oh,' I replied, 'I was just interested, it is something we have to watch in human beings, in wounds like this we always give a tetanus injection.'

Nothing more was said on the subject and we parted after my advising him to get in touch with the vet and let him know what had happened. A few days later Patricia rang me up at Portland, 'Dad,' she said, 'that ram died of tetanus. Mr . . . is furious with the vet about it, he said that Dr Vaughan had said he ought to have been given a tetanus injection.' I do not think I was popular with that vet for quite a while.

It was not long before Michael followed his sister to the altar and John Dermot, his younger brother, followed after some time. It meant a lot to us to know that all three children were married, though we saw little of the two boys and their wives because they moved to Melbourne, which was too far for frequent visits. As the grandchildren started to increase in number, Christmas and other times with them around us became a joy and one never knew what gem of wisdom would be produced. Young Deane, Patricia's second boy, was leaning over my chair one day and said, 'Grandpa, you haven't got much hair on your head'.

'No,' I said, rubbing the bald patch, 'that's true.'

The nucleus of a football team, L-R: Tony, Deane, Robin.

The fourth member, Kim.

'Well,' he said as if speaking to an idiot, 'why don't you put some super (fertiliser) on it?'

By 1965 Patricia and John had been blessed with three fine sons, which no doubt made the nucleus of a good football team but contributed little to feminine grace. So there was considerable excitement when Patricia announced that she was going to have a girl.

'A girl?' I queried. 'How do you know that?'

'Oh, we have it all worked out', said my daughter.

'I don't believe it', I replied.

'The trouble with you,' said an exasperated Patricia, 'is that you are too old fashioned. We had this from . . . (a well known women's paper). It will be a girl, all right.'

The pregnancy proceeded normally and the delivery was arranged to take place at Horsham Hospital, about sixty miles away. Eventually labour seemed to start and the trip to the hospital took place, only to prove a false alarm. Two more similar episodes followed, so when labour pains started again, Patricia refused to move until she was absolutely sure she was in labour. Unfortunately, she left it too late so John had to deliver the baby en route. It was a fine boy,

The football team gained another member and the women's paper lost a subscriber.

CHAPTER EIGHT

The medical detective

Many momentous discoveries in medicine have come about because someone had the curiosity to ask, 'Why?' when something unusual occurred in an oft repeated procedure. Such was the case in the discovery of penicillin by Dr (later Sir) Ambrose Fleming, the English pathologist. Fleming found one of the dishes on which he was growing germs invaded by a mould, an event familiar to laboratories all over the world, but Fleming noticed that where the mould was in contact with the germs the latter had died off. He asked himself, 'Why?' The mould was penicillium notatum, familiar on mouldy bread, but a refined preparation of it was found to cure the dreaded puerperal fever of childbirth and other dangerous infections.[10] This chance discovery was one of the greatest triumphs of this century and it ushered in the antibiotic era.

I stumbled upon the answer to an unusual problem in our area some years ago. Part of my practice concerned people living at Bridgewater, several miles along the coast from Portland. People here were a sick lot and many suffered from an unusual form of anaemia. Most of them were poor farmers, eking out a bare living on infertile soil. It was described as 'coastie' country and animals could live there for only part of the year without having a spell on richer country inland. I was not greatly concerned because the anaemic patients responded well to tablets containing iron of a certain brand. Then another company produced an improved iron tablet, more expensive but more free from impurities, and I changed my prescriptions to this.

To my surprise my Bridgewater patients did not do so well and I had to revert to the less pure tablet.

At this time I found by chance that agriculturalists investigating the coastie problem had discovered that when minute traces of minerals, particularly copper, were added to the soil clover and other pasture crops grew luxuriantly. On these pastures stock throve.

The connection stood out. The original tablets contained traces of copper which the purer ones did not and it was these traces which benefited the patients who had become anaemic through living on meat and vegetables deficient in copper. Experiment confirmed this hypothesis.

So, elaborate equipment is not always necessary for primary research as I found out when I visited Mackinac Island in the United States. In a setting which resembles the surgery of 'Dr Finlay' of television fame and is today carefully preserved, Dr Beaumont, a former army surgeon who was stationed in this frontier post 200 years ago, was consulted by a French-Indian trapper. The man had been wounded by a musket ball which had gone through the abdominal wall into, but not through, his stomach. A permanent track into the stomach had formed which provided Beaumont with a ready-made means of observing the process of digestion; he experimented with different foods. Thereafter for many years the trapper wined and dined at Government expense while Beaumont meticulously recorded the results and laid the foundation of our present knowledge of digestion. I regret to add that when the trapper tired of it all and ran away Beaumont had him arrested and brought back.

Perhaps this was a far cry from what happened one Saturday afternoon at Portland. I was at home when I received an urgent summons to the hospital. When I reached there I found emergency beds in the corridors and all the doctors in the town hard at work dealing with people who were vomiting profusely and writhing in pain. Some were gravely ill.

These patients were, I found out, all guests at a local wedding reception. As soon as I could get free I joined the Health Inspector, who had already taken samples of all the food eaten at the meal. We located the cafe where the food had been prepared; it was one of the best eating houses,

and several surprise inspections had never shown evidence of insanitary conditions. So it was on this occasion; everything seemed in good order.

We took samples of bread, ham and vegetables for analysis. Swabs were taken from bench tops and cutlery; all the staff seemed to be in perfect health. The next day pathology reports started to come in. The ham sandwiches remaining over from the meal gave an extremely heavy growth of staphylococcus aureus germs, but, unexpectedly, the remainder of the same ham in the cafe's refrigerator showed no sign of infection. There were no other significant germs detected anywhere else.

It all fitted the food poisoning we had seen in the patients. The staphylococcus aureus is known to produce an extremely dangerous toxin which can cause acute food poisoning, but how, we asked ourselves, did it get into the ham sandwiches? We returned to the cafe and again questioned the proprietor. 'Was there anyone else present when the sandwiches were prepared?'

'Yes', he said in answer to my query. 'We were very busy so we got Mrs . . . to help.'

We descended on the house and interviewed the lady. On examining her hands we found the missing clue. On one finger was a small septic sore; a swab taken from this showed growth of the same germ as in the sandwiches. What had happened was that this woman had infected the ham by picking up slices and putting them in the sandwiches. This was on the previous day. The sandwiches were then put in the refrigerator where, at what was merely a cooling temperature, the germs had multiplied freely (the staphylococcus doubles its numbers every twenty minutes). When served the next day they were a veritable time bomb.

Incidentally this highlights the common mistaken belief that food placed in a refrigerator is sterilised by the cold conditions. Some germs are susceptible to cool conditions but many living things are not. I recently had occasion to check a 'straw' of frozen semen used in the artificial insemination of cattle. Within a few minutes of being removed from the tank of liquid nitrogen at a temperature of minus 270°C, the spermatozoa were swimming freely under the microscope.

The detective work involved in the case mentioned was

small compared with some of the work that has been done. Not long ago a number of cases of typhoid fever occurred in eastern England. The only common factor was that all the sufferers had bathed off a certain beach in one of the coastal towns. Food could be ruled out and there had been no known case of typhoid in this town for many years. The health authorities suspected that it had something to do with sewage as the main drain from the town emerged underwater off this beach, where bathing was in fact prohibited. Tests of the sewage from this drain supported the supposition. Clearly there was a carrier of typhoid somewhere in the town, but where? The only way to find out was to follow the line of the sewer, lift the manholes and take swabs. Eventually they came to a place where the main sewer was clear of infection so they backtracked to the next side branch and followed it up until they came to a street. A house to house search was made for someone who had suffered from typhoid and eventually an elderly woman was found living in a house in this terrace who admitted to having had typhoid fever a long time ago. Pathology tests were carried out and it was found that she was passing typhoid organisms identical with those found at the beach. She was quite unaware of this fact; fortunately she had lived by herself and so had had no opportunity to infect anyone else by preparation of food.

An epidemic of hepatitis in Portland gave us another difficult problem to solve. Quite suddenly we started receiving at the town hall one notification after another from the doctors of the town concerning cases of infective hepatitis. It soon became clear that these were not sporadic cases but a true epidemic of the disease. Each case was visited at home and the usual details were obtained of source of food and possible contact with another case of hepatitis. The result gave us no clue. There had been no known contact with a case and food had been obtained from a great number of different shops. Then we found something significant, each of these school children – and they were all of that age – had attended the same school. Later there were cases in other schools but these were found to be secondary infections from the original cases.

The Health Inspector and I inspected the school. No one

on the staff there was suffering from hepatitis, the sanitary arrangements were good, the kitchen was clean. Then it struck us that none of the boarders had been affected, only day students. This immediately made us suspect the school cafeteria. We found that this was manned by mothers of the pupils, working on a roster, so we interviewed all the mothers who had manned the cafeteria. At last we found one mother who had recently come from Melbourne where she had just recovered from hepatitis.

Unfortunately, hepatitis is caused by a virus which can be diagnosed only under the electron microscope and so is out of the reach of ordinary pathology laboratories, so we could prove nothing. We had the cafeteria fumigated and shut up, and asked all pupils to have their meals at home, leaflets were printed giving details about the disease and advising all parents to put to bed any child reporting any feeling of sickness. Here again we were hampered because science had not found a simple diagnostic test for hepatitis in its early but infective stage. The only, but rather inefficient, test we could use was to test for bile pigments in the urine. This test does not become positive until jaundice is just about to appear so every day every pupil brought a sample which had to be individually tested, a very laborious task. Anyone with a positive result was immediately excluded from school. It took a long time to bring the epidemic under control but eventually it was mastered and, fortunately, there were no serious cases.

The necessity to be something between a detective and a prosecuting counsel is something which is obligatory for all practising doctors, because the hunt for clues goes far beyond public health work. Sometimes it involves a hunt for the cause of a food rash; such common things as tomato sauce, chocolate, eggs, porridge, aspirin and others have been found to produce a dermatitis. Asthma[11] is a particularly happy hunting ground. Some people also are so sensitive to pollen and other dusts that a single flower to which they react can bring on an attack of asthma if brought into the same room. One school girl was plagued by asthma until the family cat was banished, another was unable to ride a horse because of it.

One young married woman patient had extremely severe asthma which appeared to be precipitated by some unknown

dust. Skin sensitivity tests were done by an expert allergist. These tests are done by preparing a suspension or solution of various dusts, plant pollens, animal hair, bacterial extracts and others. The liquid is then lightly scratched into the skin of the patient. Within a short time a red weal will appear if the patient is sensitive to the substance.

The patient in question gave positive reaction to a number of dusts, but the outstanding one was the hen feathers. This gave a huge reaction. I questioned her about keeping hens; she had none nor did her neighbours.

'What about bedding?' I asked her.

'My mattress and pillow are both of sponge rubber', was her reply.

'When is the asthma most troublesome?'

'Almost every night and sometimes during the day.'

I visited the house one evening. The patient was in bed wheezing and quite severely short of breath. I felt sure there must be feathers in the room. The mattress and pillow were certainly of rubber, so the husband and I searched all over the room but found nothing. Then I returned to the bed and again checked the mattress and pillow, as I did so a smaller second pillow became visible.

'What is in the pillow?' I questioned.

'Oh, that, that's kapok.'

'Do you mind if I make sure?' I said.

'Go ahead', they both said.

I borrowed a razor blade and slit it open. Kapok appeared but I went on and burrowed deeper. There the cause was revealed; the centre of the pillow was packed with hen feathers. The pillow was thrown out and from then on the patient had quiet nights.

Unfortunately this did not solve the problem of why the patient was affected during day time. It was only on certain days that she had trouble, so it was likely that the trouble came from outside. I asked her to keep a diary of her attacks, what time they started, when they finished, what were the weather conditions and so forth. On checking this with her later on it became clear that the typical attack started on mornings when there was a hot north wind. When the wind swung round to the west, as it usually did in the late afternoons, she felt easier.

We got a map of Portland and drew a line across it

pointing northwards. The answer stood out, a large poultry farm was about a quarter mile north of her home. The obvious remedy was to move to another part of the town but at this time this could not be done, though it was later. Another remedy was found. The evening radio weather forecast was checked, if a north wind was predicted for the following day the patient used to leave home early in the morning, spend the day with a friend in another part of the town and return in the late afternoon. Her asthma ceased to be a problem.

I saw many asthmatics who had moved to Portland because 'the climate doesn't suit me' in their home town. In some cases, after considerable financial loss, they found that they were just as ill in Portland. Often this could have been avoided by an accurate diagnosis of the cause of their asthma. Many people with asthma or hay fever can also be greatly helped by desensitising injections against dusts such as grass pollens to which they react but cannot avoid. Pollens can travel great distances, dust from the deserts of central Australia blown up by sand storms has been picked up in New Zealand, and plant pollens are much lighter in most cases than dust.

Variations on the theme of reaction to a local dust were common enough. Whenever anyone, otherwise healthy, had nocturnal asthma I always suspected the bedroom furnishings. One patient with this trouble was found to have skin tests showing a strong reaction to kapok. Her mattress had been an inner-spring one with kapok lining so that was transferred to the spare bedroom and encased in polythene sheeting, under these conditions it was considered to be innocuous. For a new mattress, rubber was suggested but the patient, for some reason or other, preferred to get one made of lamb's wool. It was a very expensive mattress but she still had asthma. By this time a certain amount of cynicism was colouring my views. I asked to be allowed to check the new mattress and permission was granted reluctantly. A seam was opened and lovely soft wool was visible. I delved deeply and once again found my suspicions confirmed, the centre was filled with kapok.

The importance of allergy in bronchial asthma is not generally recognised. Many eminent physicians are unconvinced that it is of importance, so who can blame the

patients who are not willing to undergo the fairly lengthy investigations needed in many cases to reveal the factor responsible? How often the response to my discourse on the desirability of investigating their asthma was met by the remark, 'I can't be bothered with all that, doctor, just give me a bottle of medicine'.

A sceptical attitude towards asthma patients in those who do not themselves suffer from the disorder is also not uncommon. One of my patients worked in a joinery works. A long time after he had been working there he started getting asthma. He made his own diagnosis, the attacks always started after he had been making window frames out of western red cedar; they never came after contact with other timbers. A skin test confirmed his suspicion. I gave him a medical certificate stating that he was suffering from asthma caused by contact with western red cedar and that he should not handle it again. The boss was highly sceptical about it all. Not long afterwards the boss himself came to my surgery. His face and hands were puffed up like balloons, his eyes and nose were streaming. He told me that a truck of western red cedar had, shortly before, come into the works. They were short handed at the time so he helped the men to unload it. Within no time this trouble had started.

I said to him, 'Are you sure you are not putting it on?'

He stared at me and then woke up, 'You mean . . .?'

'Yes, do you still doubt what I said?' We both roared with laughter.

It was not long before western red cedar ceased to be used in that works.

For many years family doctors and allergists have puzzled about the meaning of 'house dust'. Dust swept up from within houses has been so labelled; it was usually assumed that the dust came from hessian and other fabrics used in furnishings, but there was no doubt that some patients reacted violently to it. Yet tests did not always correspond with tests of the individual items of furnishings so it remained an unsolved problem. It was left to a Dutch scientist, Voorhurst, to identify a tiny mite of the genus Dermatophagoides, which multiplies rapidly in bedding, as the probable allergic component of house dust. The wisdom of the good housewives who regularly beat their mattresses

and blankets and hang them out in the sun to air was shown to be soundly based.

The dust mite may be at least one of the causes of that still unexplained mystery, 'The cot death syndrome' as it used to be called; to me the second most pathetic of all family tragedies. From time immemorial apparently normal infants with nothing more than a slight cold when put down to sleep, have been found dead in the morning.[12] Accidental suffocation, allergic reaction to inhaled cow's milk, and genetic faults as a cause have all been eliminated. There may be an abnormality in vitamin B (thiamine) usage, and certainly maternal smoking during pregnancy, infections, drug addiction, and low socio-economic status have all been incriminated. Present research suggests a defect in the brain centre controlling breathing.

Animal experimentation is of little value, and autopsies on these infants have generally been fruitless. The incidence is low (about two per thousand live births), but that is little consolation to the unfortunate parents.

If I say that the cot syndrome is the second most pathetic tragedy in my experience, I think that the 'battered baby'[13] is the most heart-rending and most difficult to diagnose. This is becoming more and more common in our cities and big towns. The typical story is that of a young girl, perhaps sixteen years of age, brought up in an unhappy home. Maybe the parents drink heavily and there are frequent quarrels. The girl runs away, finds it difficult to get a job in a strange city, and flings herself at the first accommodating man who comes along. They marry or live together. Typically he is also young and immature, with minimal education and drinks too much. All goes well at first but money is short and quarrels soon start. By the time the first baby arrives they are fighting continuously. When the baby arrives the mother becomes wrapped up in the child and the husband becomes jealous of it.

When the baby reaches the toddling stage things really become serious. One day the child annoys the man and he literally kicks it across the room. The mother takes it to a doctor explaining that the fractured arm or rib was caused by a fall from a chair. Within a month the child is back again, this time the doctor becomes suspicious and has more extensive X-rays taken which show several unhealed

fractures.

The case goes to court[14] as suspected child battering. The parents turn up smartly dressed and say how sorry they are; they explain how high spirited the child is. He or she loves climbing on chairs, they will take more care of the little darling in future. The magistrate has his suspicions but the evidence is not enough to warrant conviction of the parents, with placement of the child in a home, the case is therefore dismissed. Three months later both parents are arrested for wilful murder and the autopsy report on the dead child is damning.

How often does this happen? In Great Britain it is stated that 'the average *daily* toll from battering is two deaths, one permanent brain injury, ten to twelve requiring hospital treatment'.[15]

The unwanted child is often given as an argument for abortion, and at first sight it makes sense. Unquestionably, it is a terrible thing to bring into the world an unwanted child, but at the present time no parent has to rear such a child. There has always been a demand for babies for adoption by childless couples. I have been concerned in several of these adoptions and have yet to see one that was not successful, provided it was a baby and not an older child which was adopted.

It is well documented that quite a proportion of apparently sterile couples do succeed in producing a child of their own after adopting one.

The belief that if the adopting parents were later to have a child of their own they would cease to care for the adopted one is, I believe, without foundation.

At any rate no child need be unwanted these days, certainly in the infant stage, as the demand for children for adoption far exceeds the supply.[16]

CHAPTER NINE

Pioneers and prelates

When we arrived in Portland there were still alive, or not long dead, people whose parents had been pioneers of the early Portland Bay Settlement.

One famous identity was Captain Fawthrop, former harbour master. His legendary feat in rescuing the survivors of the wrecked *S.S. Admella* in mountainous seas is part of the history of Portland.

What is not so well known is the story of 'Hislop's anchor', still remembered in the Royal Australian Navy.

Hislop, a former Portland Harbour-master, was Executive Officer on *HMAS Sydney* when, during the First World War, the cruiser pursued the German raider *Emden* for many months and finally cornered and sank it off the Cocos Islands. There was a good deal of battle damage and *Sydney's* main anchor had been blown overboard; there was also wastage through attrition. When the ship was paid-off Hislop was presented with a long list of equipment to be written-off. He glanced through it and signed his name. Many months later he received a signal from the Board of Admiralty in London stating that he had certified that the main anchor of *HMAS Sydney* had been 'eaten by rats'. Their lordships requested further details of this remarkable event!

Harry Flowers was another pioneer. Eighty years old, his wizened eager face and twinkling eyes always enlivened the day as he poked his head round the surgery door.

What tales he had to tell! As a young man he would mount his bicycle every year and set off for northern

Queensland. There he would start shearing sheep. When one job finished he would go on to another, always moving south, until eventually, nine months later, he would arrive back at Portland. A brief holiday and he would be off again on the dusty cart tracks of those days. Nowadays his partial heart-block would be treated with an electronic pacemaker but Harry was born too early for that.

Albert Rowe was another old-timer. Few people knew more about Portland than him. He had retired and lived at one of the local hotels, where one day he overheard a young man saying that he wanted to shoot foxes.

'Do you know where to go?' said the old man.

'No, can you tell me?'

'Well,' said Albert, 'go out along the Bridgewater road and turn up the old telegraph track for about a mile. You'll find the place swarming with foxes.'

The young man expressed his thanks and left that night in eager expectation.

'How did you get on?' asked Mr Rowe at breakfast next morning.

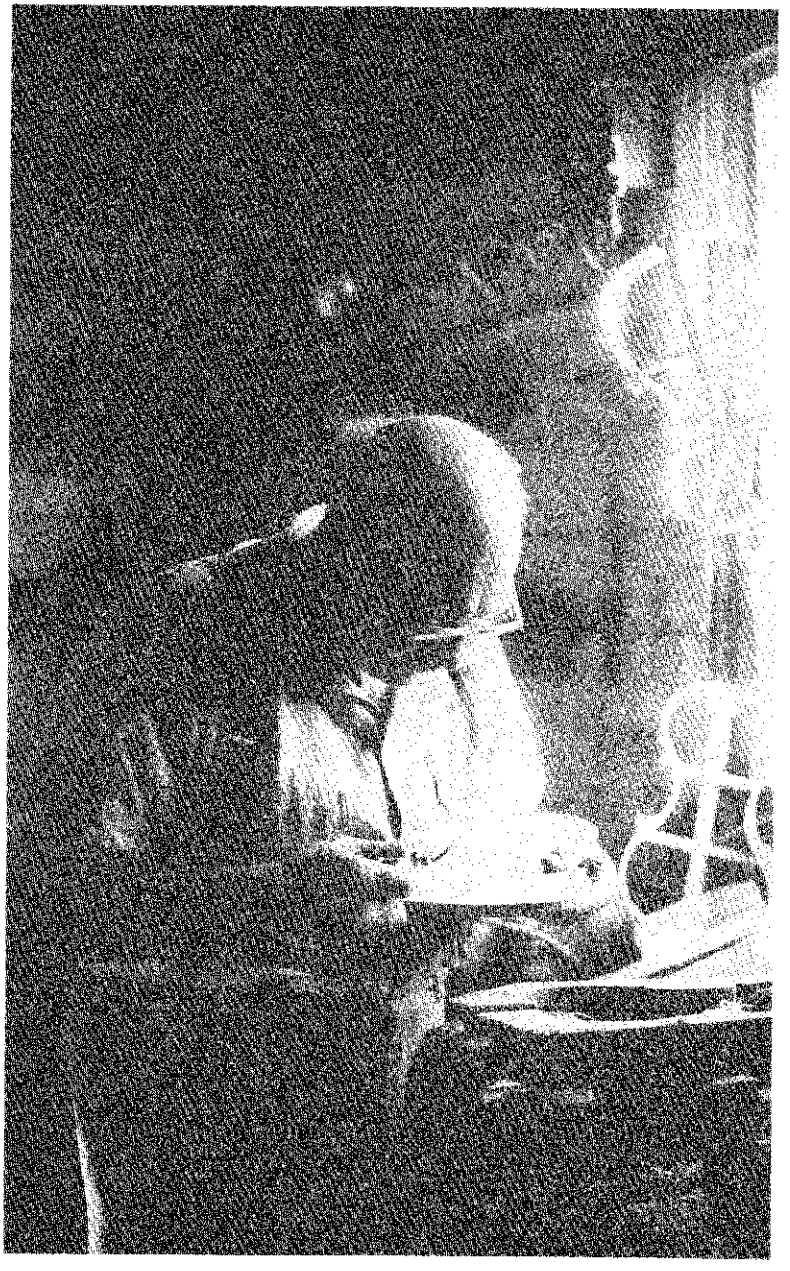
'No good. I waited all night and didn't see one fox.'

'Strange. There were scores when I was last there.'

Comprehension dawned. 'How long ago was that, Mr Rowe?'

'Oh, let me see . . . Ye . . . s, it must have been about forty years ago.'

While not really an old-timer, one of my greatest friends, Johnny Johnstone, epitomised early Portland; actually he was slightly younger than I was. Brought up in humble circumstances and leaving school at an early age, he became one of the most widely read and most skilled craftsmen I have ever met. While I was writing an historical book on Portland his detailed knowledge and his advice were invaluable. While earning his living as a commercial fisherman, he spent his holidays in inland Australia collecting gem stones (which he used to cut and polish on a machine of his own invention) travelling in his home-made, very comfortable caravan. Money meant little to him, his real love was his workshop which at first sight resembled a huge junk heap. Johnny and I used to joke about it. When I asked him if he had some unusual and commercially unobtainable material which I needed for something I was



Kevin Peck

Johnny Johnstone, master craftsman.

making he would say, 'Ah, yes. I think that is in Department X.' He would crawl into the ceiling whence would come the sound of movement. Rather breathless, he would emerge with just the bit of fiddle-back blackwood or cedar that I needed. There was nothing he could not make, (even an unobtainable part for a damaged wartime RAAF Zeiss aerial camera. He not only made it, but improved on the original camera.) Some of the hand-made violins, violas, and cellos which he made are today playing in Australia's top orchestras. Farmers all over the district came to him with their machinery problems and he never failed them. When he died I hurried back from India to be at his funeral; rich and poor from all parts of Australia seemed to be there also. Portland will never be the same to me without him.

Funerals are not always sad. Sometimes they are joyous as they put someone to rest after a triumphal lifetime of service. I hope this joyousness may serve as an excuse for what happened to me at a funeral.

The occasion was a memorial eucharist for the former vicar of St Stephen's Parish Church, a man who had served faithfully and well for many years. The church was crowded, clergy from all over the diocese were there, the Bishop was in his place. As the service proceeded my thoughts started to wander but were suddenly brought back to earth by the celebrant announcing the offertory hymn. He was, in fact, using an ecclesiastical term relating to the Holy Communion service, but it triggered off in me a response to the common situation of no sidesman being present to take up the collection in church, in which case I would usually do it.

I looked across to where a friend was sitting on the other side of the aisle and signalled to him to help me. He hesitated and then followed me down the aisle. We passed the collection plates down the first pew and great confusion followed. Everyone started fumbling in pockets and purses. When this was repeated at the next pew it began to dawn across me, chillingly, that collections are not taken at funerals. However, we were now committed so we went on, and finally marched up to the altar where again the celebrant looked startled. After the service was over I went into the vestry to apologise for my mistake. The Bishop's comment was terse, 'Now I've seen everything'.

The Bishop, I may say, was not one who suffered fools gladly. On one occasion at the Synod of the diocese a rather loquacious gentleman got up after being told that, by standing orders, his contribution had to be limited to five minutes.

'My Lord,' he said, 'I can't possibly do justice to this subject in five minutes.'

To which the Bishop, unfeelingly, replied, 'Well, you have now got only four and a half'.

Bishop Hardie's predecessor in the See of Ballarat was more accommodating. During one session of Synod I had been seated on a hard wooden bench for two hours listening to the debate when my nether regions started giving symptoms of wear and tear. To make it worse, I had not the slightest interest in the subject under discussion. To ease my aching limbs I half rose to my feet, thinking that in my position towards the back of the hall this would pass unnoticed. Not so; I was immediately spotted by the Bishop from his perch on the dais.

'Next speaker will be Dr Vaughan', boomed out from the loudspeakers.

I had to get out of this quickly so I rose to my feet and said, 'My Lord, it was not interest in the subject which prompted me to rise but the hardness of the seats'.

Out of the loudspeakers boomed an order: 'Will someone please get Dr Vaughan a cushion'.

A roar of laughter completed my discomfiture.

In Portland, St Stephen's Church council used to meet every month to carry out the various duties of church management. One month the main discussion concerned carpet beetles. It was reported that they were devouring the carpet in the church aisle and the matter was referred to the church wardens for action. Something had to be done, and though I knew nothing about carpet beetles I guessed that a dose of Dieldrin would do nothing but good. One of the other church wardens joined me and we spent a Saturday with the help of knapsack spray pumps in deluging the carpets and furnishings, and all places where beetles might be hiding. We came away well pleased with our efforts.

Shortly after we left two visitors entered the church and looked around. Outside they met the vicar.

'Vicar,' they said, 'it's good to see the old church again after so many years. We used to attend church here, but we are sorry to see how high church it has become.'

'High church!' echoed the vicar. 'There's nothing high church about it.'

'Oh, yes there is, when we were in there just now the place reeked of incense.'

St Stephen's Church had been built over a century earlier through the initiative of Stephen Henty, one of the pioneer Henty family. It was a beautiful building in spacious grounds at the centre of the town, and much of the history of Portland was associated with the church. Religious intolerance was at its height when St Stephen's was built and history records that one of the clergy chased another one of a different denomination round the town on horseback with a whip. No love was lost between rival churchgoers so when Mary Vine died a problem arose.

She was the wife of one of Edward Henty's overseers. Born a Roman Catholic, after marriage she attended St Stephen's with her Anglican husband. On her death both churches claimed her so it was arranged that the Roman Catholic service should be read by the Catholic priest at the cemetery gates, the coffin was then placed in the hearse and taken to the grave where the Anglican priest performed the last rites according to the liturgy of the Church of England. Everyone agreed that she had been 'well and truly buried', and just to make sure, a memorial tablet was erected in both churches.[8]

Education was originally in the hands of the church schools and St Stephen's ran a flourishing school for many years – flourishing in numbers, but apparently not so successful in education. The report of the Inspector of Schools in 1853 records his indignation on examining the first class: 'The boys especially betrayed the most frightful ignorance on the most common subjects . . . on being asked the name of the mother of our Blessed Lord (they) answered in a tone of the greatest confidence "Pontius Pilate".'

Notwithstanding this grave lapse the vicar, the Reverend James Yelverton Wilson, would not hear of a National School being established. The report of the government agent enquiring into the matter read: 'Called on Mr Wilson, found him opposed to the National System thoroughly;

would sooner bring up his children among the blacks as heathen than send them to a National School'. Needless to say the reverend gentleman's opposition was unavailing.[17]

So, the church has rich links with the past but I was brought back to the present when one Sunday I was attending a service with my daughter, her husband, and family, in the little church at Harrow. Not long before I had had an operation on one leg. It hurt me to stand still for long periods, but I found that if I kept moving from one foot to the other I got relief. Little Kim watched with interest as I kept fidgeting. He remembered from babyhood what happened when he did the same thing, his mother would promptly pick him up and whisk him off to the toilet. The church was very quiet as we stood while the priest was busy at the altar. Suddenly a piping little voice rang out, audible all over the church, 'Grandpa,' Kim tenderly enquired, 'do you want to do wees?'

In the USA, I understand, 'death' is a forbidden word. Pets have special cemeteries and are put expensively to rest there but humans are deep-frozen or embalmed; anything so long as the pretence is kept up that they are not dead.

Yet is death to be feared? My Papuan and Asiatic friends do not think so: 'There is a time to be born and a time to die'.

The wheel of life, constantly dying and constantly being reborn, is part of the philosophy of both Buddhism and Hinduism. The New Guinean's hut contains the skulls of his ancestors into which he whispers because their spirits are there.

All the same, I was afraid of death, not so much of dying as of eternity afterwards. Maybe Einstein has proved that there is no such thing in absolute terms as time. But I am not Einstein and to me a never-ending future was frightening. So when the radiologist showed me the X-rays of my spine which he had just taken and said, 'Sorry, old man I don't like the look of this', and I saw one vertebra largely destroyed by what looked like cancer, I was afraid.

I went home with my mind in a turmoil. I did not want to die. I had much yet to do. I was frightened.

I asked God to show me his will as he had done so often over many years. Then something remarkable happened. All fear of death completely left me, and in its place I had

a feeling that I was going to live with a dearly loved friend with whom I had corresponded but had never met. I looked forward, almost eagerly, to seeing him face to face.

I was able to tell my feelings about death to the orthopoedic surgeon whom I consulted; he was an old friend and he seemed interested in what I was saying.

'I have often wondered how it is that some people seem to get complete peace of mind when their end comes, I think you have explained something to me.'

He took me into hospital and went over me from head to toe but no trace of primary growth could be found. Then he had tomograms taken; these are serial X-rays which give a number of views of the part at successive depths. Later he called me to the viewing screen.

'This is extraordinary,' he said, 'I don't think this is a malignancy, it looks more like an old fracture. Are you sure you have not had an accident to your back?'

Then I remembered badly injuring my back as a young lad. No X-ray had been taken but I must have fractured that vertebra then. Why it gave pain later is not clear but I have had little since. I shall always be grateful for that experience.

CHAPTER TEN

Mystery, murder and mayhem

If there is one trap which every doctor must avoid, particularly when he is rushed, it is that of jumping to conclusions.

'The obvious explanation is not necessarily the correct one' is something which should be engraved in letters of gold in the back of his mind. I would like to give five examples of this precept.

Many years ago the Phillipines had an annual incidence of over two million cases of malaria, with 30,000 fatalities. The Administration was convinced that the source of the trouble lay in the swamps, breeding grounds for swarms of mosquitoes, but enormously costly to drain.

Then an American expert visited the country and was asked for help by the Governor-General.

'You can get rid of it if you'll drain the swamps', said the Governor-General.

The American demurred; 'Isn't it possible that the swamps may not be responsible?'

'They have been everywhere else. Why not here.'

The expert insisted and, with great reluctance the authorities agreed to investigate further. People were employed to let themselves be bitten by mosquitoes at night by opening the mosquito nets of their beds; the nets were then lowered trapping the insects. These were then dissected and it was found that one subspecies of anopheles mosquito was the carrier. The next stage was to trace where these insects were breeding. The same technique was used but this time the trapped mosquitoes of this species were sprayed with a red dye. A reward led to the discovery that

the red mosquitoes came from watercourses where, in the curves under a canopy of vegetation, the mosquitoes were breeding in still water. This particular mosquito was already known not to breed in open areas. The remedy was inexpensive and effective. An insecticide machine was installed and the curves in the river straightened so that the water flowed briskly. The country's malaria largely died out.[18]

Back in Portland, one day, a tradesman whom I knew well rang me up. 'Please come at once, Doctor, I think my wife has had a heart attack.'

He met me at the gate and told me that he had come back from shopping to find his wife on the laundry floor; he thought she might be dead. One look at the figure lying on the floor confirmed his fears. Her face was unusually blue in colour, possibly due to airway obstruction as she hit the floor. I knew the husband well, he was a good tradesman; I had often employed him and worked alongside him. He was one man whom I could always trust, and I felt very sorry for him. I told him that since I had not seen his wife for a long time there would have to be an inquest, but I was sure that he would be treated with sympathy and there would be no trouble. I informed the coroner's office and shortly afterwards the body was removed to the mortuary. A police officer came for the keys so that the body could be formally identified.

In a short time he was back.

'I'd like you to see something, Doctor', he said and showed me into the mortuary.

He pointed to the neck. There, in a fold of the skin, was the weal of a rope, I could even see the mark of the knot. This woman had undoubtedly died by hanging. A visit to the house revealed the severed rope.

The husband was brought to the police station, where he was asked to make a statement. He still stuck to his story and the police were about to arrest him on a charge of murder when I got permission to talk to him privately.

'Bob,' (not his real name) I said, 'you are in real trouble, your wife has been hanged and you must have taken her down. If you don't tell the truth you are going to be arrested for murder.'

He broke down and told how he had come back from shopping and found her hanging. She had climbed on a

chair and then kicked it away. He had cut her down. He explained that she had been depressed for a long time since the unexpected death of their son. He had pretended that it was a heart attack because he did not want it known that she had committed suicide. The police accepted the explanation; all other facts confirmed it, he told the truth at the inquest and was exonerated.

Let language difficulties be my excuse in the next story. A Yugoslav (I discovered later) migrant could only tell me, 'Sick, sick', but to prove the point he coughed into a handkerchief and demonstrated blood. Examination with a stethoscope was unrevealing, as it often is in TB cases, but the diagnosis seemed obvious. He was a Central European migrant, probably out of a crowded camp, malnutrition was likely, tuberculosis of the lung was the obvious cause. I sent him for X-ray examination and a sputum test. The sputum test came back negative for TB and the X-ray showed a fractured rib. With an interpreter's help the truth came to light: a log had rolled across his chest on the previous day. He made a good recovery when properly treated.

My fourth story concerns a call to the local police station to examine a car driver said to be under the influence of alcohol. This was in the pre-breathalyser era.

The driver, an old man, sat on a chair, looking ill. His car had been seen weaving across the road before falling down an embankment. I questioned him but he was confused and rather incoherent. He could not explain the accident but he said that he did not drink alcohol. All the same when I examined him his breath smelt strongly of liquor and he failed all the tests for sobriety. Yet somehow I was impressed by his disclaimer and the symptoms could be due to shock. I told the police that I was not prepared to certify him and suggested that they make further investigations. They did and found that the steering radius rod had become detached rendering the car unsteerable, and that some well-wisher had given him a drink of brandy after the accident. There was, therefore, no charge.

My last story is perhaps unusual.

The group of students was going from bed to bed on a ward round at Barts Hospital in London. We were all giving our views on a patient with cancer of the stomach.

'Tell me, Mr . . ., what is the matter with this patient?'

'Sarcoma (a type of cancer) of the stomach, Sir.'

'I see', said the surgeon, and turning to the next student he asked the same question.

'Carcinoma (a different cancer) of the stomach, Sir.'

Right around the circle it went, all except the first man agreeing that it was carcinoma. The surgeon took them all to one side. Then, addressing the odd man out he said, 'Mr . . ., sarcoma of the stomach is virtually unknown. All cancers of the stomach are carcinomas. "The commonest things are the things seen most commonly", you know.'

The latter was a phrase which I was often to have flung at me when, after reading a recent medical article describing some most obscure condition, my imagination would run away with me and I would diagnose it when next I saw anything resembling it.

The patient died not long afterwards and an autopsy was carried out. To the amazement of everybody the condition was found to be sarcoma of the stomach. The surgeon addressed our expert in much more respectful tones. 'Tell me, how did you come to diagnose that correctly?'

'I got it in a dream, Sir', was the reply.

Some things, although obvious, are also correct. One instance was demonstrated to me at sea. A ship had radioed that she was making for Portland, that police and doctor were required. As we went out in the launch to meet the vessel I asked the pilot if he had any idea why both doctor and police were required. He said he had heard that there had been a fight but no other details were passed on. The ship was flying the Republic of China (Taiwan) ensign and an officer was waiting for me at the head of the ladder. I asked him what it was all about, he did not reply but beckoned me to follow him. Rather mystified I followed him down one stairway after another until he came to a cabin. He opened the door and waved me across to a bunk. One look told me that the man on it was dead. I tested his pupils and then drew back the sheet to formally check that his heart had stopped. Then I saw it, the handle of a knife sticking out of his chest wall, it had obviously gone through his heart.

We closed the door and went to see the captain who could speak broken English. He told us that the dead man

was a bully who had terrorised the crew, one young lad in particular was his target. Finally when he came for him again the lad had picked up a carving knife off the table and, in desperation, plunged it into his heart. The man died instantly. It was sad to see the boy being escorted off the ship looking depressed and frightened, in the cutody of two burly police officers. Since the incident had happened on the high seas he was sent back to Taiwan for trial. I hope they were lenient to him, I never heard. As for me it was hard to settle down at my surgery desk that afternoon with the picture of that knife interrupting my concentration on coughs and colds.

If murders were very uncommon, suicides were not. One bizarre attempted suicide was discovered unconscious in bed with an empty phenobarbitone bottle beside him. He was in deep coma, only just alive, with depressed breathing and purple facial colour. There were a hectic few minutes while an intravenous drip with the antidote was started and an endotracheal tube was inserted, and oxygen given.

The endotracheal cuffed tube is one of the great advances of recent anaesthesia. It is passed through the mouth, between the vocal cords, well down into the trachea (windpipe). At the bottom is a circular rubber cuff which is inflated after positioning; this seals off the trachea and prevents stomach contents or blood flowing into the lungs.[19]

The oxygen being pumped down the tube soon started to relieve the man's colour and, with the cuff sealing off the trachea, I was able to pass a tube and wash out his stomach. The endotracheal tube was coupled up to an automatic respirator and I sat back and relaxed. His coma gradually started to lighten, and it was obvious that he was coming round.

Suddenly the whole picture changed. His face went blue and he started to choke. It was obvious that the tube had blocked, so I hastily got another. I was just about to pull out the original one when a thing like a worm protruded out of the tube. As I watched in fascination a cigarette extruded and as soon as it came out everything was right again. After the patient took his large dose of phenobarbitone he had evidently lit a cigarette which he later must have inhaled.

The patient gave us some anxiety with his lungs for a day or two but then started to improve. Meanwhile the police had been informed, since attempted suicide is a criminal offence (the only crime in which failure is penalised and success incurs no legal penalty). I was asked several times to permit the police to question the patient but refused until I felt he was well enough to stand it. Eventually I told the police officer that he might get a few details from the patient, but asked him to make it brief and gentle as he had been through a very trying experience. The policeman assured me he would follow my advice. He entered the room and stood at the end of the bed and, in a voice which could be heard right down the corridor, shouted, 'Why did you do it?'

This, apparently was his tactful approach!

I should have realised that this would happen because this was not my first contact with this industrious but, perhaps, not over sensitive police officer. A man shooting rabbits in a rather off-the-track part of the sandhills came across a car with two obviously dead people inside. He informed the police and the constable I have mentioned fetched me. When we got there we found the car with all windows closed and a piece of hose pipe attached to the exhaust pipe projecting through from the boot. The man and woman had made a suicide pact and had died at least a week previously. My part was to certify them both dead, which was not difficult as the bodies were in an advanced state of decomposition. Since the car had been out in the sun the stench was tremendous and I was glad to get away. The policeman placed both bodies in the back of the police van but then decided that instead of returning straight away to Portland he might as well complete some visits he had to make to farms in these parts. Wherever he drove he found that his best friends were anxious to speed his departure and conducted their business with lightning speed. I should have known better than to ask him to be tactful.

The manager of the bank was a friend of mine, a wartime bomber pilot; he was not someone to exaggerate. So when he telephoned me to come as quickly as possible I dropped everything and went. Inside the building a huddle of white-faced staff were looking with horror at a figure on the

floor. A spreading pool of blood and marked pallor on the face of a young man lying there indicated that hospital treatment was urgent and he was soon on his way by ambulance. Fortunately the manager had resisted the desire of the others to help the young man into a chair and insisted that he should stay where he was, which possibly saved his life.

The day before, I found out, the young man had told his companions that he did not know if there was a God or not but he was soon going to find out. They thought he was joking. The next morning he entered the bank, took the bank revolver, pressed it over his heart and pulled the trigger.

The bullet had gone straight through and disappeared outside. It had passed through the left lung but missed the heart. In hospital, with a blood transfusion going and the wound sewn up around an underwater drain tube,[20] he began to pick up. Fortunately no major blood vessel had been hit so the initial bleeding soon ceased. An X-ray was taken which showed the track of the bullet outlined by carbon particles. We stared at the film. The track appeared to go through the wall of the left ventricle. It could not have done so or he would have died instantaneously; then we realised that what had happened was that, in the split second when the bullet had passed, the heart happened to be in contraction and empty. When the X-ray was taken it was full and expanded, hence the track appeared to go through it. It had been a very near miss.

Both my partner at the time, Cleaver Keenan, and I felt very much for this young man, who at the age of nineteen had decided to take his life. What had driven him to such a state of despair? It was not for us to question him; when he wished to confide in us he would do so, but meanwhile our job was to care for him in every way possible, which we did. However it was not long before part of the explanation came to light. We had telephoned the young man's mother who lived in Melbourne. She did not seem greatly concerned and only reluctantly agreed to come to Portland. When she did, she stood at the foot of his bed, looked at him, said, 'It looks as if you are going to live', walked out and went home.

The young man did open up. He told us how lonely he

had been and that he could see no future. My partner, who was nearer to his age than I was, told him about the love of God for all humanity and how God had given him another chance by such extraordinary means so that he could enter into the peace of mind which God had given us. Furthermore, we both felt strongly that he had been spared because God had work for him to do.

A new peace came into the young man's life. He gave up his job at the bank, entered a training college, and is now a full time youth worker attached to a church. His sister too made the same discovery of an absorbing faith.

Perhaps this points to a paradox of modern life. Sweden, the country which is the most 'liberated' by the Permissive Society, and is among the most affluent, has also the highest suicide rate. India, desperately poor as it is, has a negligible suicide incidence.

Surprisingly, some gunshot wounds have their humorous side as the following story told by the late Dr Henry Maling shows. One evening Dr Maling received a telephone call from a lady who said she had shot herself. The injury turned out to be a large hole through the foot. Henry asked her how it had happened. The lady got up from her chair, picked up a double-barrelled shot-gun and explained: 'I thought I heard a prowler outside so I picked up my husband's shot-gun and went to open the door. I rested the end of the gun like this', putting the muzzle on top of the other foot. She went on, 'Somehow, in opening the door I must have pulled the trigger'. So saying she pulled the trigger of the second barrel and blew a hole through the other foot. Incidentally, there was no prowler at the door!

CHAPTER ELEVEN

Taking to the air

In 1960 an airport was constructed at Portland and an air service between the town and Melbourne became established. An aero club was formed and, since there was a need for an aviation medical examiner, I was appointed.

One day I was examining a young pilot for the renewal of his licence. He was an experienced pilot and as we chatted afterwards it occurred to me that without actually experiencing the flying techniques he mentioned I could not really assess the strains on a pilot. So I arranged to go up with a flight instructor on the following week.

After travelling in big airliners I found the Cessna at the airport very small. I was shown into the left seat and, after meticulously checking the plane, the instructor climbed into the right hand seat and banged the door shut. On my pressing the starter switch the engine started up with a shattering roar and the whole plane shook. Slowly he taxied out to the end of the runway. Turning to me he said, 'Hold the control column with your left hand and with the right push the throttle fully open'.

'Me!' I said in surprise.

'Yes, you.'

I did not argue but did as he said. In went the throttle, the engine hum changed to a roar and we started moving down the runway; as speed increased the ground whizzed past. Nothing seemed to happen to the control column, I had not realised that, with dual control, the instructor was steering with foot pedals which controlled the direction.

'Now,' he said, 'gently draw the "stick" towards you.'

I did so and the banging of the wheels stopped. Glancing to the side I saw we were fifty feet above the ground and climbing rapidly. It was a marvellous feeling as we climbed higher and higher until the ground was far below us.

'Push the stick forwards', the instructor said.

I did so and immediately the plane was pointing vertically downwards in a nose dive.

'No, no,' he said, as he righted our position, 'not so much; do it gently. All aircraft movements must be gentle. Now turn the wheel to the right.'

This time I was more cautious and turned slowly, the plane tipped to the right and swung round in a graceful curve. After this I was completely sold on flying, I also realised its use in travelling long distances to functions, so as soon as we landed I joined the flying club. A medical examination followed which I passed with ease and in due course my Student Pilot Licence arrived.

From then on every week saw me at the airport and every evening I would get out my textbooks and start studying the various subjects required for the full Private Pilot Licence, principles of flight, engines, air legislation, radio communications, meteorology, navigation, flight planning and the Private Pilot's Bible – the Visual Flight Guide.

The pre-flight check was ground into me until it became second nature, and the warning example was given of what not to do. This was the story of a Spitfire pilot in the Second World War who went out to practise aerobatics but whose check of his aircraft was so cursory that he failed to notice the mechanic sitting on the fuselage adjusting the rudder. Since the mechanic had his back to the front he also never noticed the pilot until he heard the engine start. He assumed that the pilot was testing the engine and went on with his job but a minute or two later he found himself in the air. The pilot was fully occupied trying to prevent the nose of the plane from pointing vertically upwards due to the weight of the mechanic at the back. He managed to go round but his landing was so bad that the unfortunate mechanic who was by now half frozen fell off. Still unaware of his involuntary passenger the pilot taxied up to the hangar and got out to lodge a complaint. Instead he met the C.O. who gave him the biggest ticking-off of his life!

Another American private pilot failed to notice when he checked his plane that it had no rudder, his partner had taken it off the day before to have it repaired. When the pilot attempted to taxi out he found himself heading straight for the nearest fence.

The weekly flights at Portland were a never failing joy. Rain or shine, just after dawn, providing the visibility was adequate, the instructor and I would climb into the aircraft and take off. Up and down, doing take-offs and landings, popularly known as "jumps and bumps", we would go on and on for an hour. In time the controls became as familiar as the pedals of a car. Then there were the emergency procedures to be practised – fire, engine failure, forced landings, recovery from a stall or spin.

The weeks slipped by until one morning my wife, unexpectedly, decided to accompany me to the airport. When I arrived there I noticed that the airport engineer and various officials of the flying club were present but thought nothing of it. I got into the aircraft with the instructor and off we went for the usual circuit. However, on completing the landing roll the instructor instead of telling me to taxi back and start again said, 'Okay, stop her'. I did so and he got out.

Standing on the ground he said, 'You are on your own', and banged the door shut.

Slowly I taxied back and took off. Climbing up I was too busy to think about it but when I came to the cross wind turn I glanced at the seat beside me, for usually at that point in the circuit one or other of us had a comment to make, now I saw the empty seat. It gave me a very queer, lonely feeling, up there in the sky on my own for the first time; I wondered whether having got up I would be able to get down again in one piece. I need not have worried, the movements had become so automatic that landing was no problem; as it happened, by a lucky fluke, I made the smoothest landing I have made before or since. I taxied back to the apron feeling very much relieved and was greeted by the instructor, my wife, and all the others who had come out specially to see the 'old man' go solo. I think the relief must have shown on my face.

Many pilots have told me that their first solo flight had affected them in the same way; I do not remember ever

feeling lonely in the air again except on rare occasions when impending darkness or clouds closing in and turbulence tossing one about like a cork made me realise what an insignificant dot I was in a hostile sky.

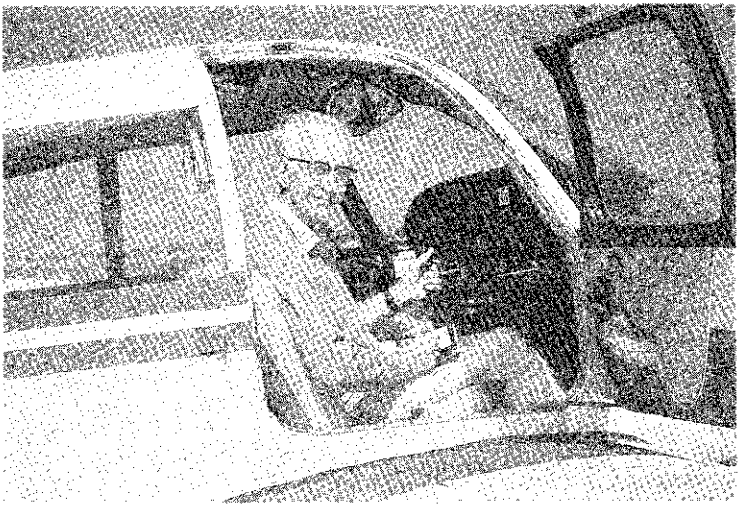
After more practice solo flying I passed the flight test for the Private Pilot (Restricted) License, allowing local flying only, also the theoretical examinations.

In the course of the navigation exercises which followed I had to fly in and out of Melbourne airport. This was a complicated procedure, so, when I heard that one of the other trainees was about to do his flight into Melbourne, I asked for a seat so that I could watch the procedure. This was not as difficult as I had anticipated, and we came in smoothly and with little delay. Then we took off for the return trip.

It was a lovely sunny afternoon; we cleared Melbourne and started moving out into the country. I was sitting in the back seat working out navigation problems when suddenly the engine stopped. I saw the pilot going through the forced landing drill. Down we went and I could see that he was making for a large hayfield. I tightened my seat belt, put away my books, and prayed that there would be no tree stumps among the hay. The trees on the boundary whistled past, then suddenly the engine roared into life again and we climbed back on our course. When I got my breath back I turned towards the pilot, tapped him on the back and said, 'Whatever happened then?'

He looked surprised and replied, 'Oh, we were just practising a forced landing!'

My first training flight into Moorabbin airport was for me an exciting occasion. Moorabbin is Melbourne's secondary airport and covers nearly all light aircraft traffic. It is, I believe, the busiest airport in Australia, having during the peak hours over two take offs or landings per minute on its runways. To us brought up in the country where there might be two or at the most three aircraft in the air at the one time, Moorabbin resembled a swarm of angry bees. The airport tower controller long ago gave up all hope of controlling inward traffic; identification by the inward-bound plane is required on entering the control zone and again on turning on to base leg, after that point the pilot finds his own way down. On my first flight in,



Author at controls of Cherokee aircraft.

Family welcome to son Michael (dark glasses) and self after 1,500 km flight from northern Australia.

when we were half way down on final approach, another plane suddenly cut in beneath us forcing us to go round. On the next occasion as I was nicely lined up on final approach I took a quick glance round to see if there were any other aircraft in the vicinity and was horrified to see something white just behind us. I waited breathlessly for the crash but nothing happened. I looked again, it was my own tail plane!

A week or two later I had finished all the navigation exercises except the final solo flight into and out of Melbourne. The downward flight was uneventful, the radio formalities went without trouble, and the landing at Moorabbin was easy. I parked the aircraft, had lunch, and prepared to return. Going into the briefing office I got the latest weather forecast and read through the NOTAMS. These notices to airmen give day-to-day instructions about unusual conditions en route. I saw nothing which applied to me so I sat down and worked out my flight plan and entered it on the official form. After handing it in approval was given within a few minutes and I boarded the aircraft and took off for home. A short trip across the head of Port Phillip Bay and I was over Williamstown, then came the corridor. The corridor is a strip about a mile wide and five miles long. All traffic from Moorabbin has to keep within this corridor to avoid getting entangled with the big jets entering Tullamarine or fighter aircraft flying into Point Cook. I was relieved when I left the corridor behind me and settled down for a comfortable flight home away from heavy air traffic. Bacchus Marsh was just coming up when suddenly there was a deafening engine roar. I thought the propeller must have fallen off, letting the engine race, so I immediately pulled the throttle back and prepared to make an emergency landing.

Before sending out an emergency call on the radio I thought I had better test the engine once more, so I gingerly opened up the throttle. To my astonishment the engine purred into life, running smoothly. It was incredible but there it was. I opened up power and flew back to Portland without any trouble. All the way home I puzzled over that roar. It was only as I gathered up my papers at the end and looked again at those NOTAMS that I found the answer: 'Pilots flying near Bacchus March are warned

of RAAF fighter exercises over Bacchus Marsh South'.

I had taken no notice of that warning because my flight path was several miles away from Bacchus Marsh South but evidently some fighter plane had considered I was coming too close and had dived on me from behind. It was the roar of his engine, not mine, that I had heard.

With the navigation exercises completed and all examinations passed, the restrictions on my Private Pilot Licence were lifted and I was now entitled to fly the aircraft types for which the licence was endorsed, anywhere in Australia under visual flight rules. All aircraft movements are monitored by Air Traffic Control (ATC). In our state the flight controllers at Tullamarine airport know the position of every aircraft in Victorian airspace. They communicated with us and we with them by radio-telephone and invariably I found them courteous and helpful, but I did not realise how accurately they knew my position when I was in the air until one day when I was flying out of Melbourne's Essendon airport bound for Portland. Just as I was about to take off they directed me to alter my route and make for Rockbank beacon and turn there on to my track. I was not at all sure that I would recognise the beacon, a winking white light set on top of a low tower, coming from this unfamiliar angle, so I asked for radar guidance. ATC confirmed this and gave me a compass course to steer. After some time flying over houses I spotted the beacon ahead. As I came up to it and was starting to turn the loudspeaker in the aircraft boomed out, 'Papa Uniform Mike (my call sign),[21] you are over the Rockbank beacon'.

Quite early on while I was having flying training, John Belfield, my son-in-law, cleared and levelled a paddock on their farm, turning it into a good airstrip, 2,500 feet long. From then on if weather conditions were favourable week-end trips to Harrow brought it within an hour's flight. However, after a time I became irked by the necessity to return to Portland before dark, and on a couple of occasions only just sneaked in at the last rays of daylight, so I decided that the time had come to learn night flying.

For flying at night an instrument rating was required which involved blind flying training. The usual training aircraft was used but a cloth screen was attached inside

the windscreen completely shutting out all sight of the outside world. The instructor of course was not screened so he would taxi the plane down to the end of the runway, face it up, and then hand over. With my eyes ranging from the compass, to guide me down the middle line of the runway, the airspeed indicator, to tell me when to lift off, I would open the throttle and off we would go. Once off the ground the next instrument to be included in the survey was the artificial horizon. This fundamental instrument for night flying has a floating bar which represents the horizon, it is always kept horizontal to the ground by a gyroscope no matter what position the aircraft is in. It can be visualised by a child's toy top which always spins vertically no matter how the surface on which it spins is tilted. The rest of the dial is fastened to the plane and moves with it so by comparing the two the pilot can tell whether the plane is rising or falling or whether it is turning to left or right. Constant practice was required to acquire familiarity with this basic aid.

We would climb up to about 3,000 feet and then the instructor with his dual control equipment would turn the plane into all sorts of attitudes, nose up or diving down, a climbing turn to the right or a descending one to the left and so on. It was my job to interpret immediately the attitude of the plane from the dashboard instruments without being able to see outside, and to take the correct action to bring it level. My eldest grandson who was living with us had a passion for accompanying us on these flights. He, with a favoured friend, would climb into the back seat under strict instructions to become invisible and inaudible while I threw the plane all over the sky. I was sure at first that one of them would be sick down the back of my neck but neither of them ever was.

In due course the instructor became satisfied with my performance and the next phase of training, actual night flying, was started. After dark we taxied out to the end of the runway, no hood this time, and took off in the direction of the town. It was a lovely night and the town sparkled with lights; I found it altogether fascinating and quite easy except that I tended to land rather high. Next week I had another lesson. This time we took off in a direction away from Portland in total darkness. While climbing up

my attention was concentrated on the engine tachometer and airspeed indicator. As we reached 500 feet the instructor turned to me and said quietly, 'Have a look at the artificial horizon'. I did so and according to it we were in a steep turn to the right.

'That's crazy,' I said, 'I would feel it if we were turning, there must be something wrong with the AH.'

'If you don't believe the instrument, look behind you at the runway lights', was his reply.

I did so and saw the lights apparently up in the sky. For a minute I became quite disorientated and it was only the effect of training which made me correct the attitude of the plane. It taught me how easily a pilot, untrained in instrument flying, finding himself with no horizon, would lose all sense of position and would soon spin to his death. Statistics show that such a pilot, trapped in cloud, has on the average less than one minute to live.

The final test flight before I was eligible for the instrument license was to be a night flight to Essendon, then Moorabbin, then back to Portland. The weather forecast was good and the instructor and I set off after dark, flew into Essendon, and took off for Moorabbin. Then we ran into trouble in getting a clearance. By the time we took off it was quite late, and when we were half way home it was blowing hard and there was great turbulence. Melbourne confirmed that we were in a cold front. It became more and more stormy and the plane jumped about so much that I could hardly hold the control column. We cleared Port Fairy and headed out to sea towards Portland. Time went on and we could see nothing; total blackness where the lights of Portland should have been showing up. I think the instructor began to get worried, I certainly did. It was long after the calculated time of arrival and I began to get a horrid feeling that I might have missed Portland and was flying out to sea. Just then we both sighted a faint glow far ahead and the directional compass came to life with the needle pointing straight ahead. I was never more glad than to see the runway lights coming up, and signed off our flight with a good-night wish to the flight controller, which he reciprocated. My wife who had been worrying because I was three hours overdue was equally relieved.

Flight testing proved satisfactory and I got a Class Four

Instrument Rating which enabled me to fly at night. The first job was to make it possible to take off from Harrow at night. It proved easier than expected. The aircraft was taxied to one end of the paddock then John went down to the far end and placed a lighted hurricane lamp on a fence post in the centre line of the strip. All I had to do was to steer for the lamp and lift off when flying speed had been obtained. Then a complication arose after this had worked successfully on several occasions.

One evening I had flown to Harrow with a friend after getting a good weather forecast from Air Traffic Control. After a pleasant dinner with the family it was time to go. We climbed in and took off. As I got to about 1,000 feet I was startled to see lightning flashes across the horizon far ahead of us. I announced my departure from Harrow to ATC and got back a puzzled enquiry.

'Haven't you had the latest forecast?'

'The one I had said light breezes and clear visibility', I replied.

'That has been revised, there is thunderstorm activity between you and Portland, I would advise you to turn back and land', said the distant voice.

This indeed gave me food for thought; I could hardly explain to the controller that if I did turn back I could not land; Patricia and John had gone indoors after seeing us off and the place was in darkness. Then I thought of Hamilton, fifty miles south-east of us; there was a good airport there but would anyone be available to turn on the runway lights? In my most nonchalant voice I told ATC that I had decided to make for Hamilton and asked them to get the runway lights put on. 'Roger', was the reply.

We made for Hamilton with all speed and, to my relief, saw the lights come on. Landing, I taxied rapidly to the parking area, got out guy ropes and secured the plane. Five minutes later the storm hit us. It was a come-down to have to telephone my wife to fetch us in the car, but better that than coming down in several pieces in the storm.

Freda used to fly with me sometimes but found the rather cramped space in the Cessna uncomfortable. On the other hand she did two things which I felt required courage; the first was to accept the encouragement of DCA for wives of pilots to learn how to bring an aircraft in to land

in case of sudden disablement of their pilot husbands while flying. She took several lessons but fortunately her flying skill was not put to the test. The second thing was her own idea, she decided to experience aerobatics. The standard modern aircraft used in civil flying is not designed to stand the strain of aerobatic manoeuvres so Freda sought out a good friend of ours who took her up in his Tiger Moth, carefully strapping her into the open front cockpit clad in helmet and goggles. They climbed to 3,000 feet and then the pilot in the back seat spoke to her over the headphones in her helmet, 'Are you ready?'

Freda nodded and a few seconds later the horizon disappeared and she was looking straight down at the ground as the aircraft built up speed in a dive. The wind in the rigging whistled and the plane roared downwards until with a sudden pull on the joystick it soared up and up, a bit more and it turned over in a loop. Not to be outdone Freda called back, 'That was marvellous, please do it again', which he did.

When they landed the pilot undid the safety harness, which had stopped her from falling out when the plane turned over, and said to her in rather awed tones, 'You are the most senior lady who has ever looped the loop with me'.

Since Freda was nearing seventy the implied compliment was, in my view, fully justified!

Actually Freda wasn't my oldest passenger. A neighbour and friend was celebrating his ninetieth birthday. He was a hale and hearty old gentleman so I asked him if he would like to see Portland from the air. With alacrity he seated himself in the Cessna and we took off. It was his first air flight and he was thrilled. When his next birthday came round I asked him if he would like to see Portland at night. Again he was entranced until I turned to make my descent, with the double row of runway lights stretching away below us. Then he became silent. After we had landed I asked him if he had been worried as we came in.

'Yes,' he said, 'I saw the lights and thought you were landing on the wharf!'

Awful thought! Though a case is on record where a pilot mistook street lights for the runway and landed.

CHAPTER TWELVE

Life on the ocean wave

One of the most important discoveries in the history of Australia, the thing which was to turn her into one of the great agricultural producers of the world, was an ornament in a city office.

A block of 'petrified wood' had long acted as a doorstop in the Sydney office of an inter-island trading firm; thousands of people had passed it every year without giving it a second glance, but when Albert Ellis came to relieve his father temporarily as manager he looked at the ornament more than once and what he saw startled him. This was not wood, it was almost pure phosphate rock.[22] Discreet enquiries revealed that it had been left behind by a traveller who had visited Nauru Island. Ellis, who knew the Pacific area well, realised that if Nauru had phosphate deposits it would be no help to him as the island was a German possession, and a German firm held the mining rights, but, he reckoned, Ocean Island which was nearby and was a British possession might well have similar deposits. On the night of 3rd March 1900, Ellis secretly boarded a cargo ship which carried him to Ocean Island. What he found there confirmed his guess, the island was a vast phosphate deposit. He bought the mining rights from the King of Nauru for £50 and so began the mining enterprise, later to be known as The British Phosphate Commission (BPC), which was to bring, together with its counterpart on Nauru, cheap fertiliser to Australia — millions of tons of it — for the next eighty years.

All of this was only of academic interest to me when I

visited Melbourne in March 1969. My wife was in Europe with a sister who was gravely ill when the opportunity came to get a locum to take over my practice if I wished to take a holiday. I jumped at this unexpected opportunity but was undecided where to go. It occurred to me that it might be possible to travel on one of the Burns Philp liners as ship's surgeon on their Papua New Guinea run. I made enquiries only to find that passenger traffic by sea to Papua New Guinea was a thing of the past.

Standing on the street in Melbourne after hearing this I suddenly had a thought: 'Try the British Phosphate Commission'.

The Commission ran two ships carrying freight and passengers between Geelong, Nauru, and Ocean Island. It was not a very hopeful idea because I knew that there was a long waiting list for ship's surgeons on this route, but I interviewed the Shipping Manager, and to my delight found that the doctor engaged for the next voyage had had to fall out so I got the job.

I took the precaution of telephoning the previous ship's surgeon and asked him what equipment was on board.

'You need not worry,' he said, 'she is well equipped. There is an electric auriscope and a sphygmomanometer in the sick bay.'

'But what about surgical instruments?'

'Surgical instruments', he repeated. 'I don't think there are any, what do you want them for?'

I was dumbfounded. 'What happens if there is a surgical emergency such as acute appendicitis when we are at sea?'

'Oh,' he said vaguely, 'I suppose you would make for the nearest port.'

'But if there is no port anywhere near?'

'Well then,' he said rather shortly, 'you'll just have to keep him until you get to Nauru, they have a good hospital there.'

The thought of 'sitting on' an acute appendix for five days or so appalled me so I took with me a bag full of instruments. I need not have bothered; when I did a tour of the sick bay I discovered stowed away under a bed a very nice operating table and, in a cupboard, sterile drums of dressings and a complete set of instruments. I completed the voyage without having to disturb them.

It was a gloomy day when I climbed the stairway to the officers' quarters on *M. V. Triaster* as she lay at her berth at Geelong. I was directed to my cabin which I found consisted of a comfortable sitting room, sleeping cabin, and bathroom. I duly reported to the Master, who was rather cautious in his manner, I think his experience of previous ships' surgeons was not altogether to his liking. Later I got to know him well, spent many pleasant hours with him and we became good friends. He was a youngish man, only recently promoted from Chief Officer, and had a reputation for discipline and fairness. The medical examination before signing the ship's articles was perfunctory and I duly swore obedience to the Master and noted the dire penalties imposed by maritime law if I offended.

After turning in that night I was only vaguely aware of the ship's engines starting up around midnight. When I came out on deck next morning we were well out to sea but still in sight of the southern coast. All that morning as we passed up Bass Strait we could see the spidery forms of oil pumping platforms sticking out above the sea. The extent of this undersea oilfield was apparent by the long distances between these oil rigs, some of which were out of sight of land. The oil and natural gas were, I was informed, pumped ashore through pipelines. It must be a strange life for the crews of these rigs, isolated as they are in the turbulent storms of Bass Strait with the ever-present danger of explosion or collision by ships.

For the next couple of days we journeyed up the coast of Victoria and New South Wales to Cape Byron near the Queensland border then altered course to pass through the Solomon Islands.

I found my duties were to conduct a sick parade twice daily, after which I was left to my own devices unless required for emergencies.

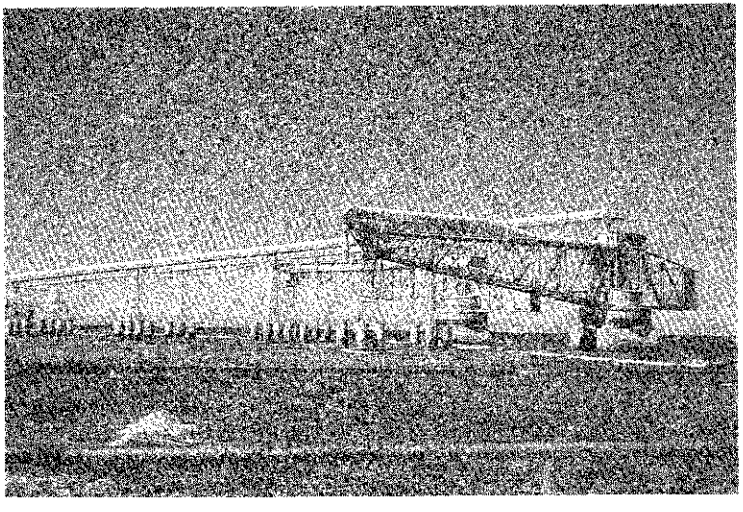
The voyage across the southern Pacific Ocean took on a halcyon flavour. Each morning I would spend about an hour in the sick bay but saw few patients, those that came needed the minimum of attention. Then I would proceed to the bridge, which had been made free to me by the Master, and there join the navigator with whom I became friendly. He was a highly intelligent young man who was gaining seagoing time while sitting for the various 'tickets'

concluding with 'Master' and 'Extra Master'; at the same time he was studying for a degree in science. I was very interested to learn something about marine navigation and he wanted to know how an aircraft finds its way. My friend was typical of the new breed of marine officer, half scientist and half seaman. The old type of captain, relying on navigation methods and sea lore which have altered little in two centuries, is well on the way out. Electronic devices – radar, sonar, satellite direction finding, inertial navigation and positioning by use of Omega – all these require a new type of seaman. Thus in modern ships the former solitary Electrical Officer is replaced by First, Second, down to Fifth and Sixth Electricians. *Triaster* was not automated to such an advanced degree but had more instrumentation than is usual in a ship of her size. Part of her role was to supply meteorological information from the rather infrequented parts of the Pacific where she journeyed; for this purpose she was equipped with high precision instruments for measuring wind velocity, air temperature, humidity, sea temperature, and ocean drift. All this data was coded and transmitted by radio to Australia at intervals each day.

Sitting on the bridge, while my friend kept watch as the ship ploughed her way through sparkling blue seas with sunshine and cool breezes, I was well off indeed. I can understand why the old mariners used to think of their ships as living beings; a well found ship has an atmosphere about it, she grunts and squeaks contentedly as she pushes her way through the water, the distant rumble of the engines is like a cat purring. Compared to the rat race of everyday life this was paradise indeed.

After morning tea on the bridge came my daily visit to the radio office; situated high above the officers' quarters this was a spacious room. I soon found a friend in the radio officer. I was at this time practising morse code in order to qualify for a higher aircraft instrument rating and 'Sparks', when traffic was slack, kindly gave me morse practice. It was interesting how easily and automatically he read high speed morse; while transmitting and talking to me he kept the loudspeaker connected to his radio receiver, and a continual burble of morse traffic could be heard. Every now and again he would break off conversation with me and reply to some transmission for the ship

'Triaster' at Nauru.



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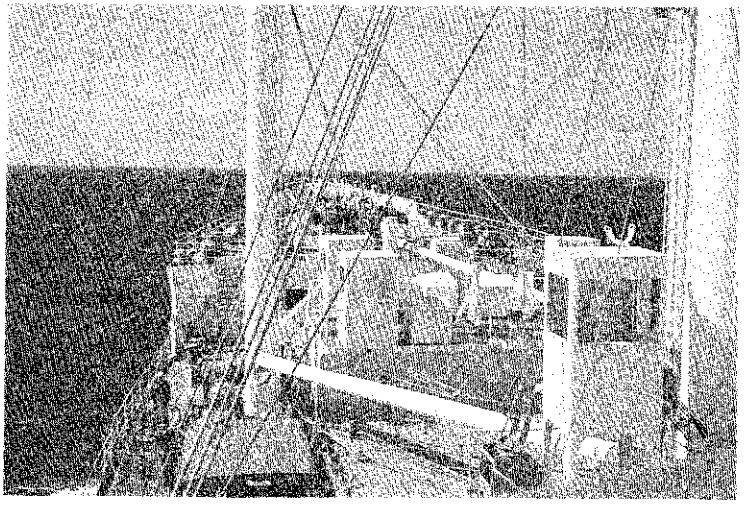
Workers' quarters, Nauru.



Life with a halcyon flavour.

and then resume conversation with me, all without effort. 'Sparks' was an Englishman who had been on the Nauru run for some time. He was married, and lived with his family in Geelong. He liked this run, as did several other officers because after the three to four week voyage they would have several days at home before they left again.

Lunch was a luxurious meal, beautifully cooked and attentively served and I made full use of the opportunity for a siesta afterwards and soon got rid of my tiredness. A visit to the engine room on a ship is something I very much like and *Triaster's* was no exception; flight after flight of shining steel stairs led down into the bowels of the ship where the big diesel engines filled the air with their cacophony of sound. It was hot down there and the engineers wore little and drank copious quantities of water. The Chief Engineer was not altogether satisified with his engines; if only 'they' (meaning the Company) would do this or that all would be well. He had reason for concern because both Nauru and Ocean Island had dangerous anchorages and engine failure there could be disastrous.

The evening surgery usually brought little, a cough or sore throat, a headache or some vague symptoms which on further questioning revealed that the patient had been reading the *Reader's Digest* and thought he had cancer, which he was relieved to hear was not the case. The cook had cut his finger with a carving knife, that was soon fixed; then a greaser came in with a long tale about various vague complaints which boiled down to a hope that he could get a day's sick leave, my stocks fell when he was told there was nothing doing.

After this pale reflection of work at home it was time to change for dinner – a superb meal and one at which I got many sidelights on the islands to which the passengers, school teachers, business men, BPC officials, and others were returning. Most of them liked life there, the BPC had excellent social facilities, including swimming, tennis and other games; life was not exacting, even if the heat was. After dinner I sometimes joined the Captain or the Chief Engineer for a chat in their cabins; very pleasant and relaxed evenings, and so to bed.

A few days out and the Solomon Islands came in view. These steamy tropical islands ten degrees south of the

Equator looked picturesque in the morning sunlight. Guadalcanal showed up to port, San Cristobal to starboard; Santa Ysabel, Malaita – what memories of the Second World War they recalled. Below these smooth waters what an armada of sunken warships lie, relics of several of the bloodiest engagements of the land, sea and air war between the allied forces and the Japanese; the 'green hell' was still green but no longer hell. We passed through the channel and once again left land behind us. A couple of days later Nauru came in sight.

We drew alongside the island and secured to one of the huge buoys which are anchored there. The island shelves so steeply into very deep water that construction of a wharf is impracticable; even at anchor there is tension and a constant watch is maintained in case the wind swings round. Any onshore wind is a signal to pull out immediately, and the rusting skeleton of a large cargo ship on a ledge nearby is a silent warning. The Nauru port health and customs launch soon arrived and, on the completion of formalities, passengers were taken ashore. The unloading of cargo into barges commenced. This was completed during the morning and the ship was then warped alongside two huge shore gantries; cantilevered arms swung out over the holds and with a rumble of conveyor belts pulverised phosphate rock started to cascade into the waiting holds.

The Captain and I were invited to lunch on shore with the BPC manager, after which we were driven round the island. Apart from a small rim of habitation round the edge the island is one huge mine. The phosphate rock extends from the surface downwards for about five or six metres into the crevices of the coral which forms the island; when it has been dug out utter devastation remains with innumerable coral pinnacles and nothing else. Within a comparatively few years the phosphate rock will have been exhausted and the island will then be valueless; there is no soil and nothing can grow there.

The remoteness of Nauru stood out. A mere dot, about twenty-two square kilometres in area, it and its nearby neighbour Ocean Island existed in the vastness of the Pacific Ocean, almost on the Equator. This geographical location had made it into 'The richest island in the world'. Back in prehistoric times these coral reefs became a rest-

ing place for millions of sea birds in transit across the ocean. Their droppings created this vast mound of guano between coral pinnacles; now massive mechanisation is used to fill an endless line of waiting ships taking fertiliser to various parts of the globe, especially Australia.

For each tonne of rock shipped out Nauru received a royalty which was distributed to the islanders, so that at that time the annual per capita income was in excess of $4,000, and Nauruans have large families. With this golden rain from heaven why should any Nauruan work? Few Nauruans would dream of doing so; cheerful Gilbert and Ellice Islanders do the manual work; smiling Chinese run the shops and a handful of Australians manage the engineering and teach in the schools. Even to fish is too much trouble so cormorants have been trained like falcons to catch fish and bring them to land (this is not a Ripley story, I watched the proceedings myself). With so much money on hand the Nauruan is hard put to find means of spending it. The government decided that the local huts were not in keeping with Nauru's dignity and built western style cement-sheet dwellings. The Nauruans now live out of doors and use the new hot and airless houses to store the grand pianos (which few can play), electric dishwashers which are not used, and similar prestigious articles! Cars are popular money-spinners; if all the island's 2,500 cars and motor cycles were to turn out on the nineteen kilometre circular road it would give an impressive picture but that is all, there is nowhere to go. No Nauruan ever repairs a car, it is much cheaper to buy a new one. A story circulating there told of one gentleman who returned his brand new Mercedes to the car agent, 'This car is no good', he complained. 'When I do ninety (m.p.h.) in second gear it makes a funny noise.'

Everywhere there were memories of the war. The Japanese navy seized the island early in the Second World War, heavily fortified it, and constructed huge underground living quarters, hospitals, and ammunition dumps, together with an airstrip. The Americans, wisely, did not attempt to take the island; they isolated it by sea and air and left it to wither. The prodigious slaughter of nearby Iwo Jima Atoll proved how wise they were because, seeing the rusty anti-aircraft guns and naval heavy artillery still there today,

one can see that the island was virtually impregnable. There is now a regular air service, using the wartime strip, by Fiji based aircraft. A young woman pilot is also a frequent visitor, as she flies second-hand aircraft from the USA to Australia. It requires courage and skill of a high order to fly these long distances over water in light planes. I would like to have met her.

Loading completed we weighed anchor and departed for Ocean Island. That evening I was reading in my cabin when there was a knock on the door; outside were several men, one of whom was holding on to his chin.

'Good evening, Sir,' said the spokesman, 'one of our mates has hurt his jaw.'

I examined the man, 'hurt' was the understatement of the day; he had a complete fracture of the lower jaw.

'How did this happen?' I enquired.

A chorus answered me, 'He slipped on the engine room stairway'.

It sounded rather rehearsed and, when I examined the man later, I became more convinced that it was, he had no bruises anywhere else. I climbed the stairs to the Captain's cabin.

'Good evening, Captain,' I said, 'I thought I had better tell you that one of the greasers has a broken jaw.'

'Which one?' queried the Captain.

I mentioned the name.

'Oh, him, I'll bet there has been a drunken brawl and someone has clocked him.'

He knew his man, because we soon found that this was correct.

'What are you going to do?' asked the Captain.

'Not much that I can do', I replied. 'I'll tie his top and bottom jaws together for the night and sedate him. I think he should be put ashore on Ocean Island tomorrow.'

'I quite agree', said the Captain. 'This is not the first time he has been in a fight. I hope it will teach him a lesson.'

Next morning I took the man to the British Phosphate Commission hospital, a very well equipped and efficiently run place with two young British medical officers.

To splint a broken jaw is not an easy matter; it is usually done by bringing the broken ends together and then holding them in position by twisting wire between teeth on

both sides of the break. When we came to examine this man we found that his teeth were so decayed that they would not hold a wire, so it was decided to extract the teeth, make a dental plate and fasten this across the break by wiring it to the jaw through holes drilled in the bone. There was only one problem, none of us knew much about dentistry nor anything about dental plates. A visiting dentist from Australia kept his equipment in a cupboard in the hospital so we decided to raid this. We got it open, found some plaster of paris and a metal impression tray, made up a mixture and pressed it on to the jaw. Nothing happened, the plaster refused to set. A top level consultation then took place and it was decided to use the plastic compound which the dentist used for making dentures; unfortunately there were no instructions on the packet and none of us knew the right composition; however, not to be daunted, we made what looked like a good mixture and pressed it on. The patient by this time was getting tired of holding his mouth open, but we encouraged him with many words then went off and had lunch.

The Senior Medical Officer had a pleasant house on top of one of the small hills which surrounded the township. While we were lunching I remarked, as a music lover, on the superb Japanese stereo equipment which he had. His wife grinned at her husband and remarked about an event that had happened a few nights previously: the doctor and his wife were sitting on the verandah enjoying some delightful singing from one of their records when the telephone rang. One of the engineers who lived about a quarter mile away was on the phone.

'Bill,' he said, 'do you mind turning up the volume a bit more, I can't quite catch the words!'

Returning from lunch we found that there was only a slight hardening in the cast, so the doctor said to me, 'You don't have to hang around here, take my car and have a look around the island'.

Ocean Island is only a small place, perhaps a couple of miles across, so I had a delightful afternoon on the beach and touring the island. I returned about 4.00 p.m. to find progress but not firmness in the cast so I had another look round the island. By 5.00 p.m. the plate was reasonably firm and under general anaesthesia the Senior Medical

Devotion to duty, touring Ocean Island!

Officer drilled holes in the jaw and threaded wires through them, the fracture ends came nicely together and were firmly splinted. By 6.30 p.m. the patient had come round from his anaesthetic sufficiently to permit carrying him on a stretcher to a launch and so to the ship which lowered a lifeboat and hoisted us up that way.

The captain of *Triaster* was well known for his maintenance of strict discipline so I was somewhat apprehensive about my arrival on board at 7.00 p.m., when he had given instructions that all the ship's personnel must be aboard by 5.00 p.m. I need not have worried, he complimented me warmly on my devotion to duty, a tribute which I gracefully received; little he knew how I had actually spent the afternoon!

A glimmering of what seamanship was all about was not the only thing I learnt on *Triaster*. Until I went on this voyage I had never washed a shirt, in fact I had always assumed that the expertise necessary to carry out this mystery was something reserved exclusively for the female sex. I learnt differently on *Triaster*. On the second day out I asked one of the officers where the laundry was. He led me to a room full of washing machines and steam dryers.

'Who does it?' I asked.

'You do', he replied.

In the face of my incomprehension he explained the process of putting detergent and water into a washing machine and how to wash and rinse the clothes. I was astonished that such a simple procedure had escaped me all these years. Even at the cost of a few scorch marks I can now wash and iron a shirt with the best.

When the voyage ended I received my Seaman's Discharge Certificate. It read:

COMMONWEALTH OF AUSTRALIA

Navigation Act

CERTIFICATE OF DISCHARGE

Master's Report:

Character	*General*	*Efficiency* (As boathand when applicable)
Very good	Very good	Very good

I treasure that in memory of three weeks at sea!

CHAPTER THIRTEEN

Needles to car jacks

Many years ago a couple whom I attended had a spastic child. The effect was disastrous. Although the father rose to a very high position in public life the mother virtually became a recluse and visitors to the home were not welcomed.

Forty years ago the cause of spasticity was obscure. Certainly it was associated with the trauma of birth, but the likelihood of it being due to haemorrhage was dismissed. Brain haemorrhage at birth, it was said, always resulted in death, and any baby which survived a difficult birth was unharmed. Then I read some writings by the American neuro-surgeon Sharpe. Sharpe came to the conclusion, after careful autopsies, that the infants who died had large brain haemorrhages but some who lived for a while and then died had haemorrhages of lesser extent; tracing their histories carefully, he found that all of these had shown signs of shock, then known as asphyxia pallida, at birth. He concluded that there must have been survivors who were left partially brain damaged by lesser degrees of haemorrhage. In the face of great opposition, he persuaded an obstetrician to let him put this to the test by lumbar puncture – inserting a needle into the spinal canal of all newborn infants with asphyxia pallida. His surmise was correct; nearly all of these babies had heavily blood stained spinal fluid. Further work indicated that free blood left in the spinal fluid of such babies blocks the filtration mechanism of this fluid, thereby causing further brain damage. Repeating lumbar puncture day after day, he

found that the fluid gradually cleared and these children grew up normally.

I decided to carry out this procedure when, after a difficult labour, an infant born to one of my patients showed the typical signs of asphyxia pallida. There was marked pallor, shallow and jerky breathing, and the muscles were flaccid. I had never done a lumbar puncture on such a tiny infant and found it very difficult to gauge how far in the spinal needle had gone since it was designed for an adult. However, eventually it tapped the spinal canal and fluid started to drip out – almost pure blood. The little baby was handled very gently and the next day he, for it was a boy, was slightly better. Fortunately for me the father held a responsible position in a hypodermic needle factory and he arranged to have a very small lumbar puncture needle made to my specifications. With this it was much easier to tap the canal. On the next day the fluid was still blood stained but lightened after being allowed to drip for a few seconds. So it went on day after day; each day the blood staining was less until, after about ten days the fluid was normal. That child grew up to be a fine healthy young man. From then on every similar case of brain haemorrhage at birth was treated in the same way. I found only one other case as severely affected as the first one; he too made a perfect recovery. I never again had a spastic child born to any of my patients.

Improvisation also came in when a very small baby was born prematurely. The baby weighed somewhere between twenty-four and twenty-eight ounces and obviously required treatment in an incubator, which we did not possess. However, the matron at that time had special expertise in the nursing of premature babies and when she pleaded to be allowed to care for this tiny girl and we considered the long ambulance trip to Melbourne (this was before the days of the air ambulance) it seemed right to hand over the infant to her. An incubator was needed straight away so people were summoned from all over Portland and the problem was put to them; carpenter, electrician, radio technician, all were involved. Within a few hours we were all admiring the Portland incubator, a neat rectangular wooden box with glass lid finished in white automotive lacquer. Inside was a raised aluminium tray for the infant,

which was electrically warmed under thermostat control. An ex-RAAF cockpit thermometer gave a visible internal temperature reading, a motor cycle petrol union served as an oxygen inlet and radio valve cans made good ventilators; egg cups saw to humidification! With the devoted care of the matron the little girl grew steadily and is today married with a family of her own. As for the incubator which, if I remember aright, cost thirty shillings, it served the needs of many premature babies until it was retired in favour of a shining perspex Insulcot costing probably one hundred times as much.

At this stage I would like to divert from this narrative for reasons which will later become apparent. Just over a century ago in a village in Nova Scotia a baby boy was born who was destined to revolutionise the world's communications and, of more importance to me, to become my father-in-law. His name was Frederick George Creed and the family tradition was that one of his ancestors had been an officer in the British Army in the former North American colony. When the British forces were defeated by the colonists under George Washington, some of the troops who had become used to conditions in the New World decided to emigrate to Nova Scotia rather than return to England. One of these was a Creed and he and his successors became large land owners in this new land. Then disaster struck. One of them became a compulsive gambler whose luck ran out and, to pay his gambling debts, had to sell everything. So it was that when the young Creed arrived the family lived in poverty. A job was found for him in the Western Union Telegraph Company in which he eventually became an operator on the transatlantic cable joining the USA and Canada via Nova Scotia to England. This had a repeater station and his work consisted of receiving incoming signals from either end and re-transmitting them onwards in morsecode under amplified power. It was a monotonous job and as he tapped away he wondered if a machine could not be devised to record the incoming signals on paper tape and re-transmit them. He succeeded in making the Creed Morse keyboard perforator (from a second hand typewriter bought for fifteen shillings). This was followed by a succession of machines; the Creed High Speed Printer in particular gained the attention of the world press when it

won a competition to transmit over the telegraph line the entire set up of the *Daily Mail* from London to Manchester in part of one night, so that it could be published simultaneously in both cities. Telegraph transmission rose from the thirty words per minute of the skilled operator to 600 words on the machine. His memory is enshrined in what used to be known as the Creed Room of most of the world's press where their telegraph equipment operated.

Creed, his wife and family later moved to London, and Creed and Company of Croydon with its factory employing 600 men and women making telegraph machinery, became well known. When I first met him he was working on his last machine, the Teleprinter, which with its associated network Telex has revolutionised modern telecommunications. Creed was a born scientist; the family used to tell how on one occasion when he and Mrs Creed were travelling by steamer up the St Lawrence River in a fog just before dawn, the ship collided with a rock and came to a sudden stop. Frightened passengers immediately rushed on deck; not so Creed who was woken from sleep by the crash. He walked over to the cabin basin, filled it with water, saw that the level was not altering so that the ship was not sinking, returned to bed and went to sleep again! In private life he was a kindly man and I became very fond of both Mr and Mrs Creed.

In 1925 I was a student at St Bartholomews Hospital, London. In answer to an appeal from a social welfare organisation in Islington an old school friend and fellow medical student joined with me in the running of a club for slum boys. These were tough boys and after months of battle and persuasion we were making little headway. When riot and mayhem became too fierce we would enforce discipline by knocking heads together, but this we realised was hardly the way to win friends and influence people. In this quandary we appealed to the Superintendent whose answer was, 'What you need is some refining feminine influence; I know a young nurse, I'll put it up to her'.

So it was that one evening we were joined by a tall slim figure, just off duty, in her nurse's uniform. The effect on the young toughs in the club was electric. In their sordid world of slum tenements and crowded alleys such a glamorous figure was like a visitor from outer space. Freda

Creed from then on could do no wrong. Under her watchful eye games went without a cross word, drill was worthy of the Brigade of Guards, and when our Neo-Delphian oracle spoke there was absolute silence.

The boys were not the only ones to pay attention and when we were invited to play tennis with the Creeds we were not backward in accepting. So it was that when I walked up the aisle of St Mary's Church, Addiscombe, four years later to claim my bride, my old school friend and Islington colleague was my best man. Even this was not without incident. In those days I drove a sports model Austin 7 (my future father-in-law had put his foot down and said that if I wanted to marry his daughter there was to be no more taking her on my motor cycle). My friend drove with me to the church from our lodgings on the other side of London. Clad in his best suit he opened the door to get out, caught his trousers in the catch and tore out the seat. The bride vaguely wondered, with her mind no doubt on higher things, why it was on this lovely day the best man had to wear an old raincoat throughout the service!

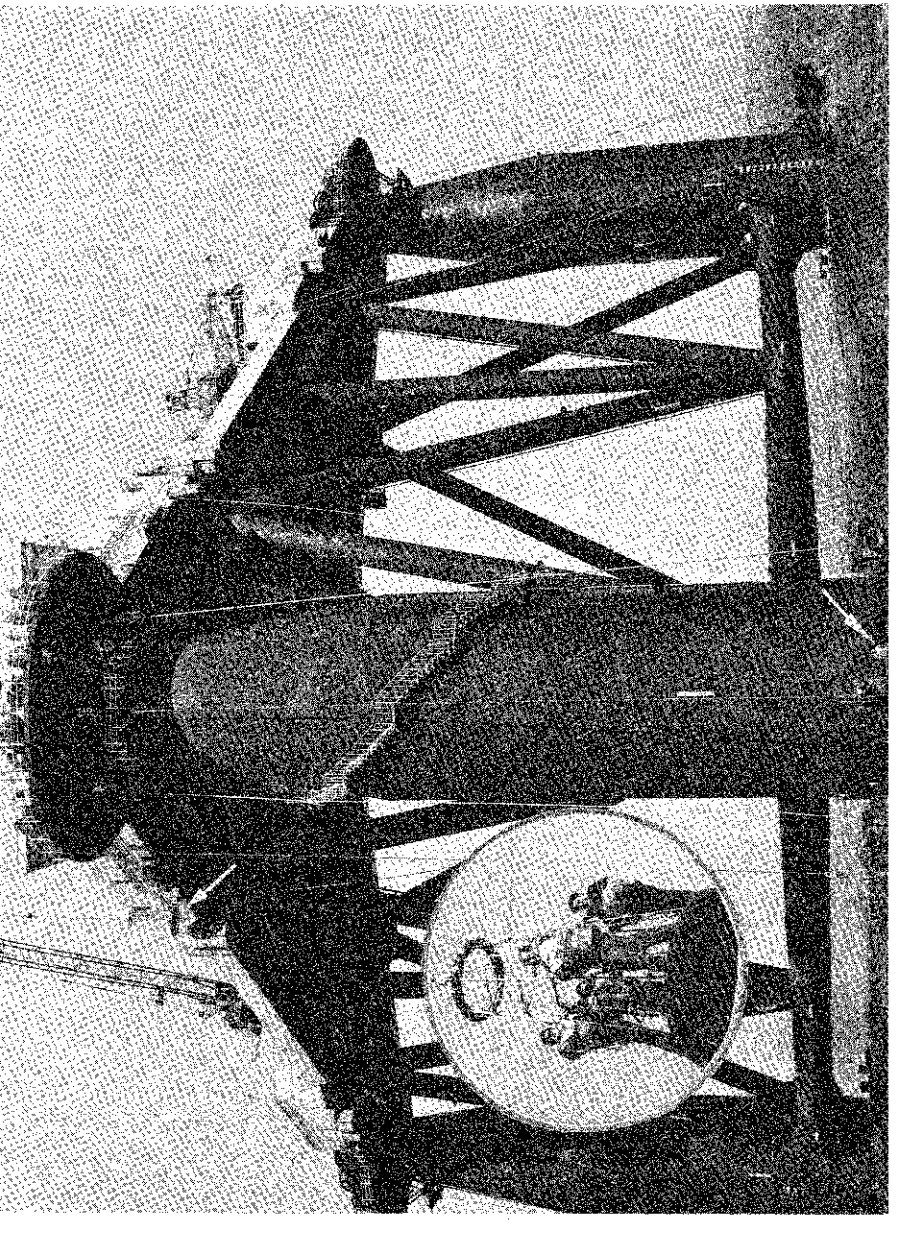
Frederick Creed was a genius in things mechanical. He had a fertile brain and was constantly increasing his range of inventions, at his death there were over fifty patents registered in his name. When I was passing through London in 1957 he asked me to accompany him to an office in the city of London. This was the headquarters of one of the great international oil companies which also ran a fleet of ships. Some time before Creed had worked out a design for a 'Seadrome'. This had a large platform supported high above the ocean on three huge hollow legs, each of which had an air buoyancy tank at the base adjustable so as to keep the platform stable. The idea was to anchor a chain of these seadromes across the Atlantic Ocean where they would serve as repeater stations for the transatlantic seaplanes.

So when we visited the city office it was by invitation of the oil company which had read an article by Creed about his seadrome in one of the marine engineering journals. I watched as he spread out his plans on the desk of the Marine Superintendent and explained the details. Round the table were a number of engineers who ques-

tioned him closely about every detail of his invention. As Creed and I left the building he was in high spirits feeling that the company would certainly take up the project, but to his surprise and disappointment they turned it down a few weeks later. Time and progress were also against him in other ways; before the cable companies had finally decided to go in for these very costly repeater stations, the invention of the transistor had made it possible to build transistorised repeaters into the cable itself and multi-engined airliners made seaplanes obsolete.

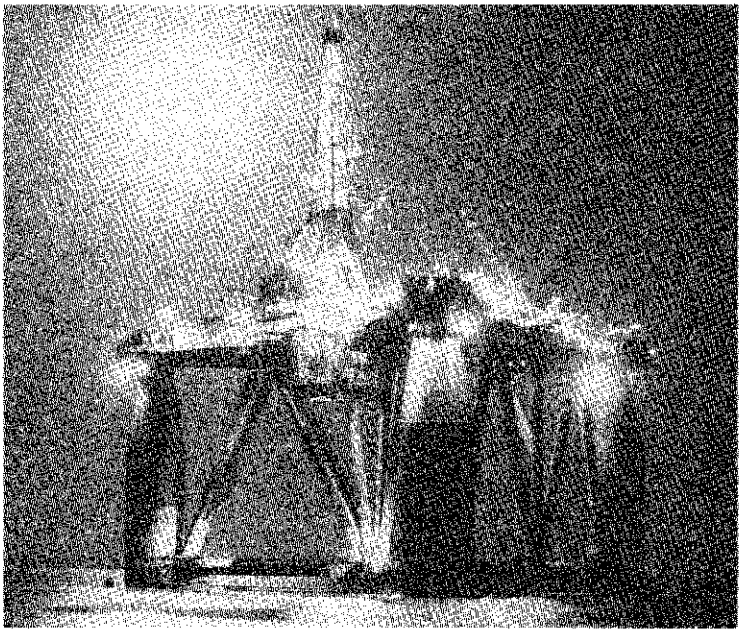
It was, therefore, with mixed feelings that my wife and I stood on the headland at Portland many years later and watched the first off-shore oil drilling rig to enter Australia come into the port, towed by a giant tug from Japan where it had been constructed. I looked at it and my mind went back to that city office in London with those oil company engineers so minutely examining Creed's sea-drome. There it was before us, the giant tripod legs and the platform on top just as my father-in-law had drawn it. He had patented his design for the original purposes but the thought of an oil drilling rig had never occurred to him, the oil company got his engineering skill free of charge.

All that was ancient history; now it was time to stop day-dreaming and get to work. The drilling rig was technically a ship and as such had to be boarded and the crew examined. The port launch took me out and I looked for the stairway to climb up but there was none. While I was wondering how to get aboard a crane swung out from the platform 170 feet above and down came a steel rope with a motor tyre at the end inside a rope net. A voice from above invited me to come aboard. I hate heights and would have welcomed any excuse not to go up. Actually there was no need; if there had been plague or other serious disease on board the victim would have died or recovered during the three months' journey from Japan. For that matter the standard of public health there is so high that I never needed to question their reports which were always clear and accurate even if the English used was sometimes rather quaint. One medical report in which the Japanese doctor wished to inform me that he had told the patient not to drink alcohol said that he was forbidden to drink 'spiritual liquor'. Incidentally a German shipping line was



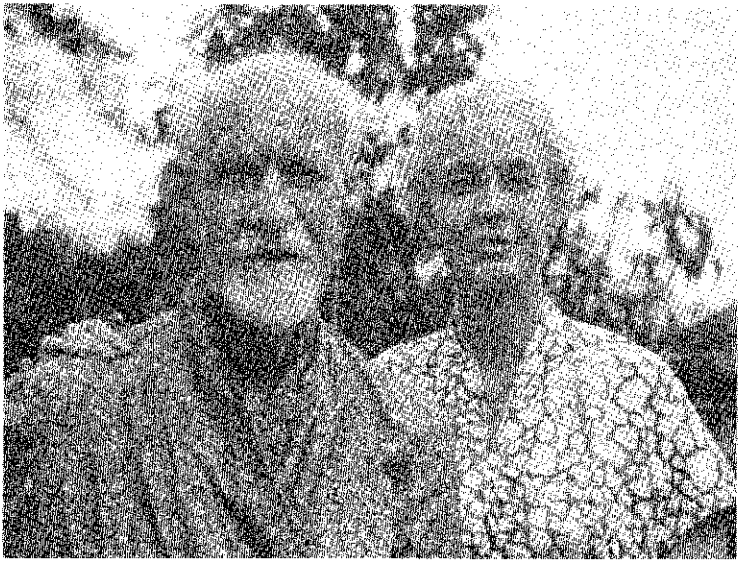
Oil rig at Portland. Note size of man at base and rope basket (arrowed). Insert, rope basket properly used.

Port of Portland Authority



Port of Portland Authority

Oil rig at night. Enough power to supply a large town.



Freda with her father, F.G. Creed, inventor of the Teleprinter; and the Seadrome, forerunner of the modern oil rig.

more alarming; at the foot of the account which I had to sign in triplicate for medical expenses it read: 'To the Agent; one copy of this form to be forwarded to the Company together with the liquidation of the surgeon'.

I crawled inside the net, sat on the tyre and held on. Seconds later I was whisked up, swinging in mid air like a pendulum; the launch seemed a long way below as the crane swung in to deposit me on the helicopter landing pad. The platform seemed very big, like a small playing field; the cabins, galley and recreation rooms were first class; there was a power station on board powerful enough to supply a large-sized town. The examination of a crew of healthy men did not take long and I prepared to disembark. The deck officer told me the way to go down was not to get inside the net, if it fell I would be trapped, I should stand outside and hold on. Nothing would have induced me to follow his advice, I crawled inside. Half way down I saw below me a television cameraman about to film the intrepid doctor descending so I stood up like a man instead of a coward and demonstrated how calmly I took it. It looked quite impressive on the TV screen later. My shaking knees were not obvious.

The oil company worked on the south coast for several months, put down a number of test bores but failed to find oil in commercial quantities.

In 1968 I was joined in the practice by Professor William Davey. Dr Davey was an older man who had specialised in gastric surgery and risen to be the head of the Gastro-enterological Surgical Unit of the Whittington Hospital, London's largest hospital; an examiner for the Royal College of Surgeons; a Hunterian Professor of the College,[23] and the author of a surgical textbook. Attracted by the opportunities in Australia he accepted my invitation to come to Portland.

It was a joy to watch his neat and bloodless surgery and I gladly handed over my surgical cases to him and went back to the practice of anaesthesia. Anaesthetics had altered a lot over the years, the old chloroform and ether had long since gone and in their place anaesthetists used a cocktail of many different agents which combined to take away the unpleasantness of the older drugs. The usual sequence was, and is, to give an opiate injection in the ward which pro-

duced a state of drowsiness. In the operating theatre a needle would be inserted into a vein and thiopentone injected, this produced unconsciousness within seconds. Immediately afterwards a relaxant drug would be injected which paralysed the body muscles including the respiratory muscles. As soon as the patient stopped breathing an endotracheal tube would be inserted into the trachea, as already described, and this would be coupled to the anaesthetic machine, which from then on controlled the patient's breathing. As the hospital equipment became more sophisticated, a cardiac monitor was installed which gave an electro-cardiograph reading of the patient's heart action throughout the operation.

In the old anaesthetic regime relaxation of the patient's muscles, something essential in many operations, was obtained by saturating the patient with ether or chloroform; hence the long recovery period for the effects of the anaesthetic to wear off. In the modern method very little anaesthetic is used, just enough to keep the patient unconscious, and relaxation is procured by repeated injections of curare or its later modifications. Curare is a refined version of the old arrow poison used by primitive tribes in warfare; it paralysed the person hit by the arrow. Now it has been carefully adjusted and turned to good use. With this technique the anaesthetist can control the state of the patient with precision. At stages when deep relaxation is required more relaxant is injected, while at the close of the operation it is allowed to wear off so that the patient leaves the table with full muscle power and rapidly returning consciousness.

Being interested in the minutiae of surgical techniques I arranged for a car rear-vision mirror to be mounted in the centre of the overhead operating light, through this I could see all that was going on from my seat at the head of the table. A lively discussion between us often followed as the operation disclosed interesting or unusual findings. In fact this became such a habit that it persisted when my turn came to go under the knife. I had unwisely lifted a heavy weight which caused an inguinal hernia, so I asked Will to fix it for me. I rarely take medicines of any kind, not even Aspirin for a headache, so the usual pre-anaesthetic injection of Pethidine sent me soundly to sleep. I have only a

vague recollection of being wheeled along corridors and lifted onto the operating table. Unfortunately Will was in his most cheerful mood and passed the time of day with me while I could hardly see him through my bleary eyes. There was a slight sting as the local anaesthetic injection went in, then I returned to blissful sleep. A few minutes later a cheerful voice woke me.

'Oblique muscles are good, it isn't a big hernia.'

'Fine', I said and slept.

'Just doing the Tanner slide', woke me again.

My opinion of Mr Tanner was anything but favourable.

'Bassini repair completed', roused me once again.

Finally, 'That's it, last suture going in'.

'Thank God,' I said, 'now a fellow can get some sleep.'

I made a full recovery.

Will and I often talked over difficult operations together. One of these concerned an elderly lady with Paget's disease. This had weakened one femur which finally fractured spontaneously. An orthopaedic surgeon had inserted a Kuntscher nail – a half inch thick rod of stainless steel alloy – which was passed down the bone cavity holding the broken bones together. Too early weight-bearing had however led to the nail bending and the femur had now set in a V shape which made her leg useless. One orthopaedic surgeon after another had told her that nothing could be done. She consulted Will and he talked it over with me. There seemed only one possible solution – simultaneously to rebreak the fracture and straighten the nail and the femur, but this would require enormous pressure. This led to the idea of using a hydraulic car jack.

To the evident disapproval of the theatre staff, who clearly did not consider car jacks proper surgical equipment, the operation was arranged. A heavy board was brought in on which the jack was mounted sideways. Two webbing bands, well padded, were passed round the leg on each side of the deformity and round the board. The bands were tightened until the heavily padded end of the jack rested against the skin. Someone was deputed to monitor the pulse in the foot to make sure we were not injuring the artery. Under anaesthesia the pumping of the jack commenced. I shall not forget the horrified look on the faces of the nurses as the pressure increased. Suddenly

there was a loud crack and the leg started to straighten. The pressure was immediately released; the leg was splinted and the patient returned to bed. For a couple of days the limb was closely watched but there was no sign of arterial or soft tissue damage so the operation was repeated. This time the bends in the femur and nail were straightened and the limb put up in plaster. The patient made a full recovery and resumed walking.

The car jack has been honourably retired.

CHAPTER FOURTEEN

India

Over thirty years had passed since we came to Australia. We had been absorbed in the life of the community, our family had grown up around us – three children and ten grandchildren – we had taken Australian citizenship. Then in 1973 a letter arrived which was to alter our life radically.

Gordon Brown, an Adelaide architect, wrote inviting Freda and myself to attend an international conference to mark the completion of the complex of buildings which he had designed and supervised in construction for the Moral Re-Armament Training Centre for Asia at Panchgani, India.

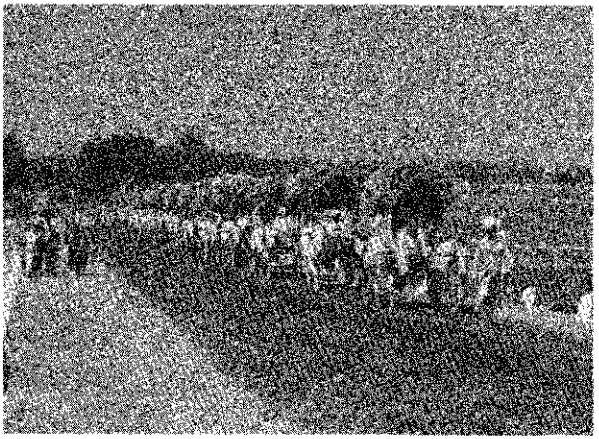
I first came across Moral Re-Armament (MRA) in Papua in 1935 when, originally prejudiced against it on the strength of hearsay stories, I became impressed by seeing it practised. I became convinced that this was the programme of Christianity in action which I wanted to follow. Over the years, in Australia, the UK and USA, everything I saw of MRA strengthened this conviction. But I was curious to see how it thrived in a non-Christian world. I knew of Rajmohan Gandhi, grandson of two outstanding Hindu statesmen, Mahatma Gandhi, the 'Father of Indian Independence' and C. Rajagopalachari, independent India's first President. How was it that he was leading this movement, along with prominent Parsees and some Muslims and Buddhists? Freda was not able to accompany me but I took a month off and flew out.

Bombay is not the ideal entry point for India: hot, crowded, noisy and dirty, it is a shock to the Westerner unaccustomed to beggars and pavement dwellers. Six million

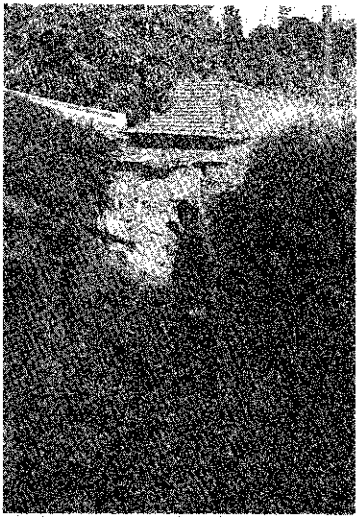
people subsist in a city with proper housing for two million, and the depth of human misery is very great. We did not stay there long but caught the Deccan Express for Poona. Here we saw a different side of India, its superb railway system; the train pulled out of Victoria Terminus right on time, so smoothly that at first I was unaware that we had started. The stations flashed past as the train gathered speed; each one with its signalman leaning out of his cabin in an old world gesture of waving a green flag to confirm his all-clear signals. The traffic on the line was heavy and we passed train after train on the multiple tracks as we started to climb up into the Western Ghats. Poona was reached on time and we set off for Panchgani in a car. The highway wound its way over three mountain ranges before it reached our destination, and on the way could be seen some of the real India with its innumerable mud-walled villages and small towns; for at that time 400 million people, 80% of the population, lived in the rural areas.

The country was in the grip of drought at that time. Two successive monsoons had failed and the fields were bare and scorched; village wells had dried up and in some places people had to walk several miles to get drinking water. It was a time of great suffering. Relief took the form of roadworks and all along the highways were diversions where new culverts, bridges and road widening were under construction. Whole villages, men, women and children were working on these projects without payment, but one good meal per day was provided and this kept them alive.

After crossing the first two mountain ranges out of Poona the road climbed up the Passarni Ghat, turned a corner and there on the hillside stood the modern buildings of Asia Plateau, the Moral Re-Armament Centre. People from many parts of the world gave all the new arrivals a warm welcome. Indians, Malaysians, Europeans, Australians, Japanese, North Americans and others, many in their national dress made a colourful sight. Mr Frederik Philips, Chairman of the multinational Philips Electrical Company, newly arrived with his wife from the Netherlands, formally opened the auditorium, the most modern of its kind in India. Here were buildings of a very high standard, constructed by Indian craftsmen, paid for in full



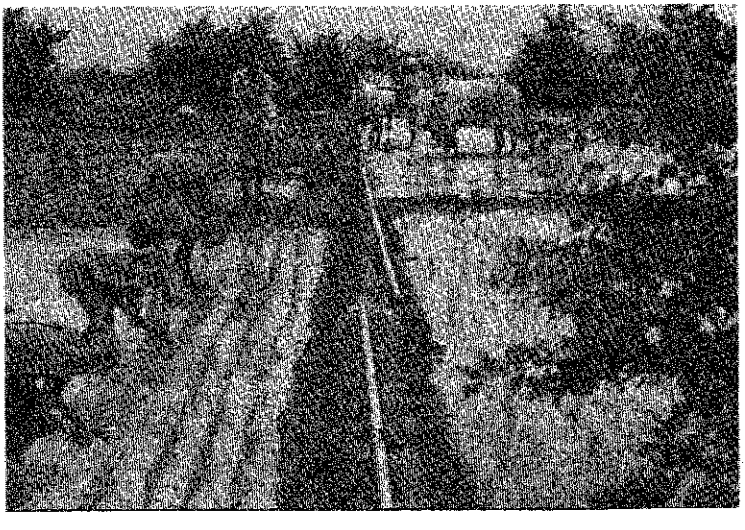
Bullock carts.



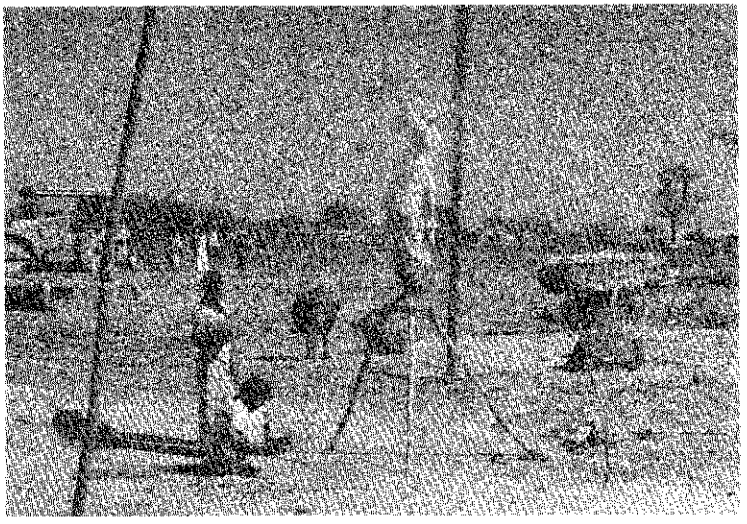
Village street.

Village market.

The Indian tractor.

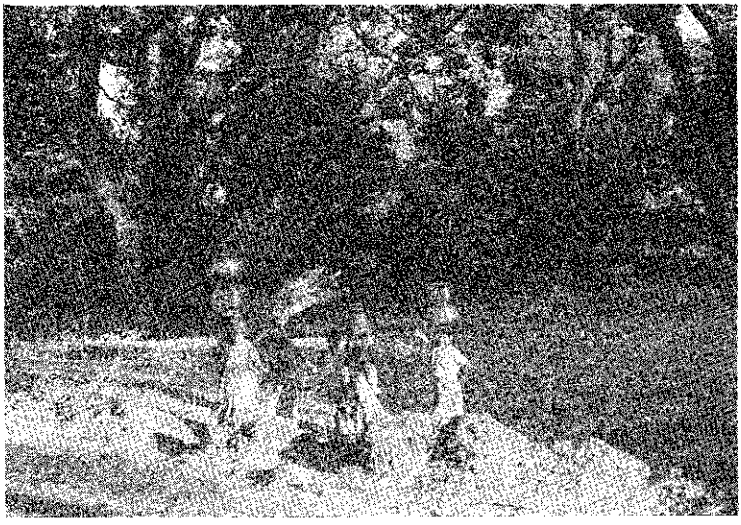


Planting rice.



Winnowing grain.

Indian wedding.



Fetching water from the well.

The laundry.

Road construction.

by the gifts of over 32,000 people – many out of great sacrifice – yet not one cent had been paid in bribes nor had any material been bought on the black market.

I have attended innumerable conferences, professional and otherwise but this one was different. There was an absence of theorising and academic talk but an abundance of first person experiences of how the philosophy of MRA had worked successfully; in industry, from top management to shop floor worker; in international diplomacy; in family feuds; and in racial hatreds. This was no different from the events recorded at MRA gatherings in the Western world which I had attended. Racial differences and religious barriers ceased to exist. I was enormously impressed at the universality of this experience of the guidance of God and its efficacy.

The conference ended all too soon but I stayed on for a few days to ponder over what I had seen and heard. Then one morning in my time of meditation the thought came to me clearly and compellingly: 'You are to retire from practice in Australia and give the rest of your life to India. In this you are to take no action without the full and independent support of your wife who is not to be pressured in any way.'

This was a startling thought. There was certainly a need at Asia Plateau; the doctor who was there was due to

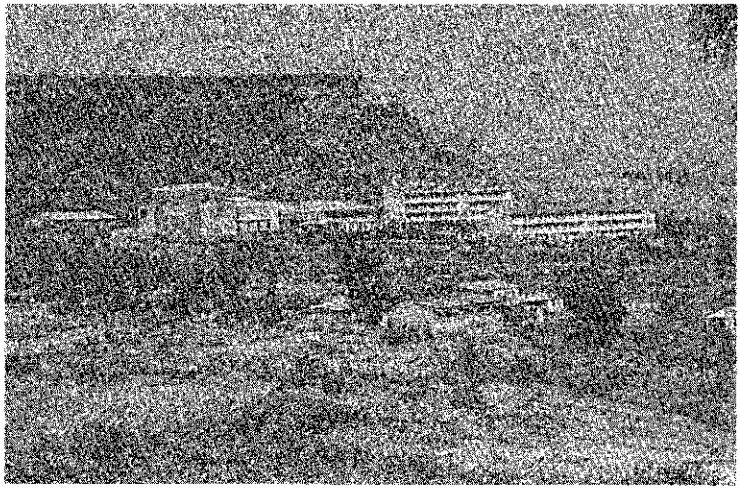
return to England, but was I the right man for the job? I was sixty-seven years old, it was thirty years since I had practised tropical medicine and I knew little about India. Taking my notebook I collected together some of the Indian MRA leaders and read out what I had written. They asked me all sorts of questions about my health and that of my wife and our circumstances at home, then unitedly we asked for God's guidance. It came to each one clearly that this was right; Rajmohan Gandhi went further in explaining that age was not a liability in India; unlike in the West, it was an asset as there was respect for age. With this assurance I gave further thought to the practical issues involved. Apart from wondering how Freda would react to the suggestion that she should pull up her roots and leave our family and start a new life in an unknown country at her age, there were other problems. I had no investments put aside and my property did not seem very large, yet as full time workers in MRA we would not only receive no salary but would support ourselves. I had also taken on the education of two boys whose parents were not well off. Both had done well at school and won scholarships and both were about to start degree courses at university where they had been granted places. How would I continue to support them at this most critical stage of their careers? Then I thought of my secretary and my bookkeeper. The former had been with me for twenty years, the latter for ten, both had served me loyally and I feared that other jobs might be difficult for them to find. Finally I realised with dismay that I would have to give up flying.

I returned home and told Freda all about it. It was a challenge to her but unitedly we asked for God's direction and both of us felt that this was right. Then things started to happen; the former Liberal Country Party government was replaced by Labor under whose education policy tertiary education fees were met and a living allowance given to undergraduates – this took care of the two boys. A sale of our property brought in much more than we had expected. The office problem solved itself, the elder secretary claimed the pension and took up part-time work which she liked; the younger one suddenly became engaged and I was privileged to give her away at her wedding. The sale of the aeroplane gave us enough for our fares to India.

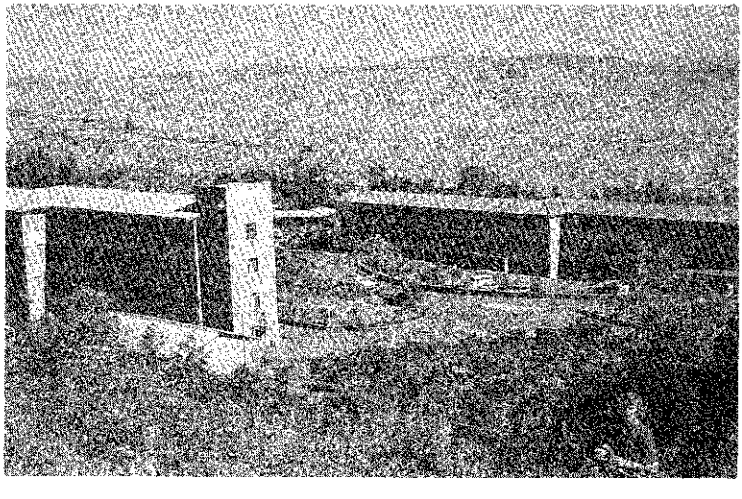
India looked very different on returning nine months later. There had been heavy monsoon rains and the country was green with rice, maize and other crops; the spectre of starvation had receded into the background. Asia Plateau too looked very beautiful, the grounds gay with hibiscus, bougainvillaeas, crotons and other flowers; the cleanliness and perfection of the place struck me afresh as it does all visitors. In this dry country the architect had planned the upkeep of the grounds by recycling all the liquid domestic wastes through a purification plant into water points for the gardens. Monsoon rain too, after the roofs had been cleaned, was piped into underground tanks thus providing a pure drinking water supply, confirmed by bacterial analysis. Later the ecological emphasis was carried further by solar heating of water and later again by experiments on solar cooking.

Below the Centre is the farm, surrounded by fields of maize, sorghum and lucerne – all fodder for the dairy herd. The original Jersey cows were donated by Australians and serviced by frozen semen from Jersey Island. In addition to milk production Asia Plateau stock is used in a cross breeding programme designed to improve the standard of village cattle. Poultry and eggs keep the Centre well supplied. Manure and litter are fed into a biogas digester which produces methane gas for heating chicken brooders and for milk sterilisation. The solid waste is used as high quality fertilizer on the land. Vegetables and fruit also provide their quota.

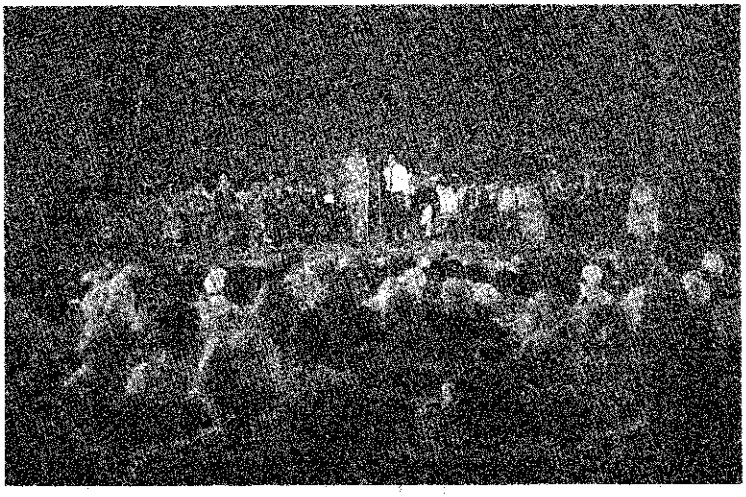
The land falls away steeply from Asia Plateau to the broad valley of the Krishna River, one of the sacred rivers of Hindu lore. Tiny terraced plots of rice cling to the slopes which are otherwise bare and eroding rapidly. A century ago this country was densely forested; now every stick has been removed in the insatiable quest for firewood for cooking. Down in the valley it was a different story; thousands of small fields were green or golden with crops while every mile or so a mudwalled village dotted the landscape. This was the real India and it was very picturesque indeed but, beneath the surface, life was hard. Most of our workers lived in these villages and as I got to know them and their families I marvelled at their courage and uncomplaining outlook; not for them anti-depressant drugs; sleep-



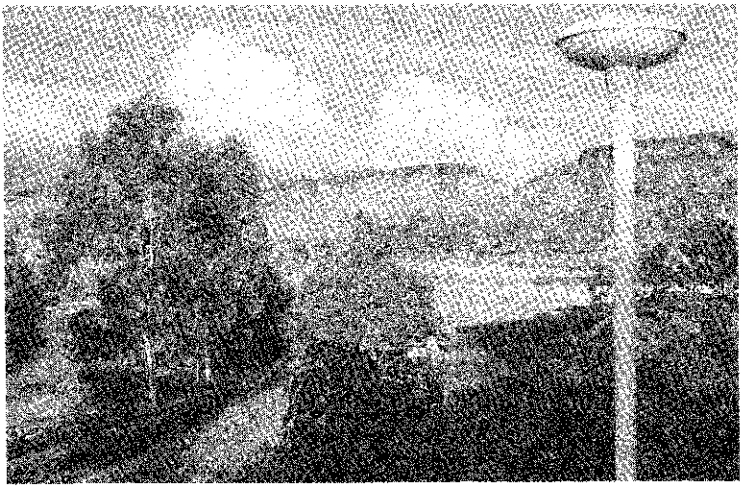
MRA Centre, Asia Plateau, Panchgani. Distant view.



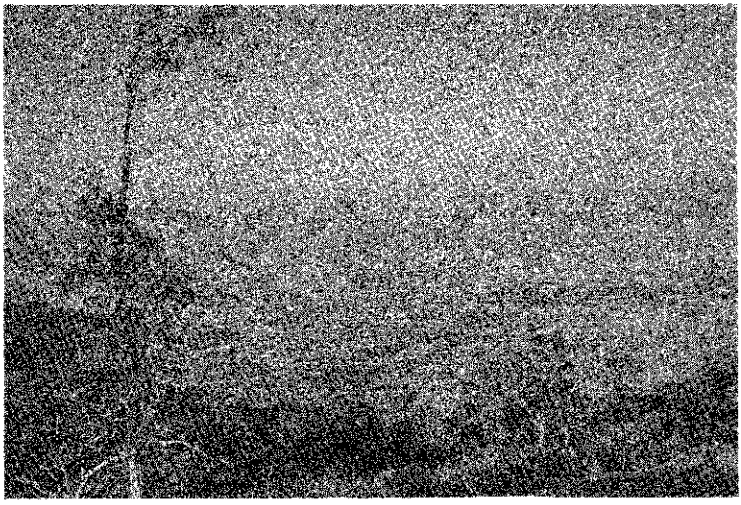
View of Centre from hillside. On right (out of picture) auditorium, conference room, dining halls. Krishna valley in the background.



Asia Plateau — opening session.



View from Centre.

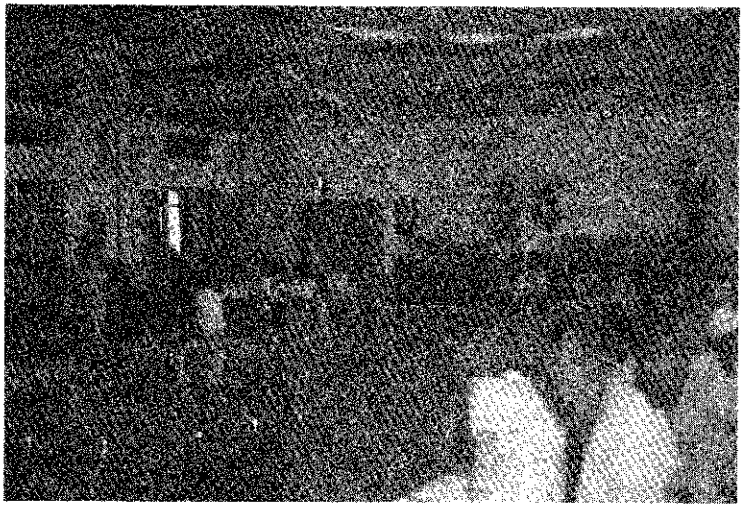


Asia Plateau, view across Krishna valley.

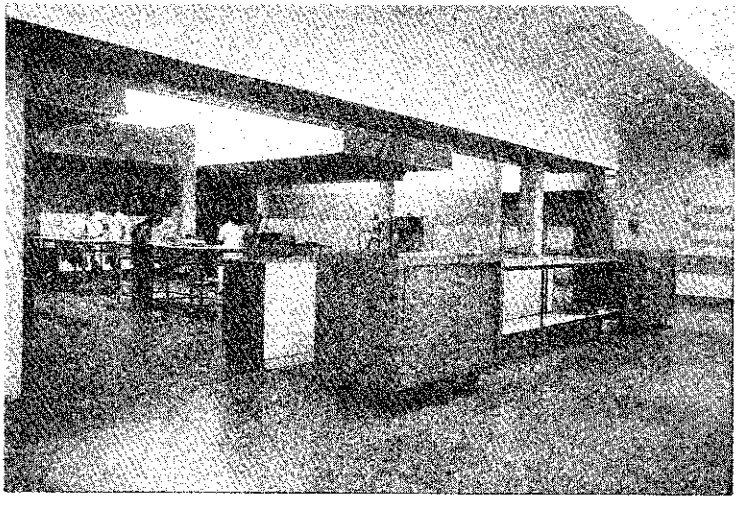
Asia Plateau, lawns.

Asia Plateau, main dining hall. All the furniture made by local carpenters.

Carpenters.

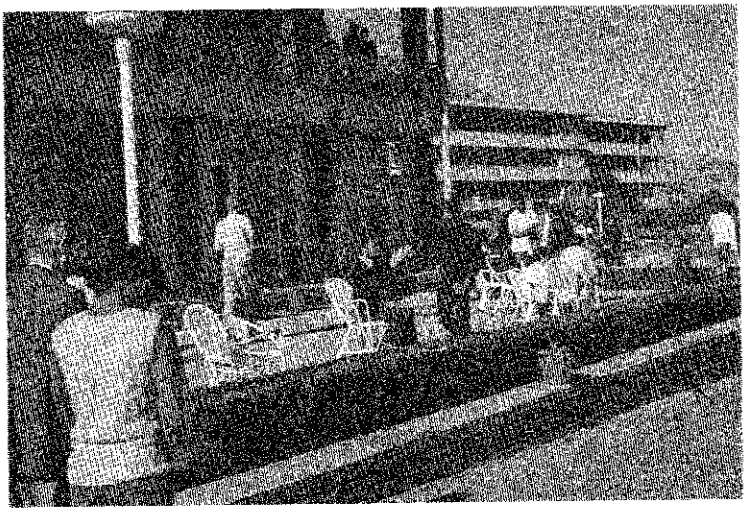


On Diwali, the Hindu Feast of Light, the MRA staff serve their workers at dinner.



Blair Cummock

Kitchen.



Interlude, on the terrace.

Agricultural field day.

ing tablets were never requested; their blood pressures would make an insurance actuary coo with delight and weight problems were all on the side of how to increase weight never how to reduce it. Yet here I saw things which had largely ceased in Portland fifty years ago: typhoid fever and other intestinal infections and worms from insanitary conditions, conjunctivitis and bronchitis from smoke-filled houses, cuts and abrasions neglected and covering the body in sores; scabies was almost universal, virulent diphtheria abounded, pulmonary tuberculosis was still the 'white death' here. I soon found myself using simple remedies from my time in Papua thirty-five years before, things which I had almost forgotten in the sophisticated conditions of Portland, but which were invaluable here. I remembered how successful the sulphonamides had been when we first used them in Papua and wondered if they would work here. They did and do, only rarely are antibiotics necessary.

Cost, of course, was a factor. Our policy was to avoid hand-outs as encouraging irresponsibility and at Asia Plateau where we have no government subsidy and are entirely dependent on gifts and contributions we have to be careful about expensive drugs if cheaper alternatives are available. All the same, when some highly specialised and expensive treatment for our workers has been necessary we have paid for it. The treatment of two such cases recently cost several thousand rupees but unexpected gifts came in just at the right time and we were able to meet the accounts promptly. Each of our workers is asked to pay ten paise for consultation and supply of medicine; this is equivalent to one cent Australian currency, but to them it is a sum not to be lightly spent. Needless to say, most prescriptions cost many times this amount but pharmaceutical firms in India have been helpful to us so we get by. The patient's fee preserves his dignity, he pays for what he gets (or thinks he does!).

Before leaving Portland I tried to dispose of my practice but was unsuccessful. Some of the equipment I sold, but for much of it there was no market so we packed it and despatched it by sea to Bombay, feeling rather apprehensive about the crushing Customs duties which everyone told us would be charged. Months passed and then I was directed

by Bombay Customs to present the appropriate documents and claim the baggage. Freda and I arrived at the docks armed with lists and a letter of introduction to the Collector of Customs from the Director of Asia Plateau, Mr Mathur. Our ten steel cases were identified and assembled before a rather curt Customs officer; then I presented the letter from Asia Plateau to the officer in charge. R.D. Mathur has a gift for descriptive writing and in the letter he had really let himself go; I found that we were people of venerable age who had thrown away fame and fortune to serve the poor of India without salary or reward. I was greatly impressed, having no idea we were such fine people, and its effect on the Customs head was dramatic! He called the Customs officer and said something to him.

The Customs officer returned and said in a friendly tone, 'Well, I suppose I had better look inside your cases'.

I presented him with the typewritten lists and said, 'Which ones would you like?'

He looked down the list. 'This one with the personal effects and this one with medical instruments.'

The cases were unbanded and I opened the first. He looked at the clothes and books and said, 'That's all right'.

I opened the second. On the top of the pile of surgical instruments was a pair of plaster-cutting shears, a big instrument with handles of steel about fifteen inches long.

'Medical instrument?' he queried doubtfully.

Freda, who had been looking at something else, turned, mistook the shears for a pair of bone shears and before I could reply said, 'Oh, yes, that is used for cutting bones'.

The Customs officer looked horrified, slammed the lid shut and that was the end of the examination. No duty was levied and we were ushered out like VIPs.

With the Portland equipment and that already at Asia Plateau the medical centre was beginning to grow out of a mere dispensary into a place where most medical and surgical procedures, except major surgery, could be done except for one deficiency, we were inadequately equipped for general anaesthesia. A suction apparatus and an anaesthetic machine were needed so I visited Bombay and went from place to place hunting but found everything too costly. A Bombay industrialist, on hearing about my search, found

a suction pump not being used in his business and presented it. This news in turn inspired a nurse in England to pass on to her nursing colleagues Asia Plateau's need for anaesthetic equipment. Shortly afterwards a cheque arrived which enabled us to buy a well constructed Indian machine giving us everything we needed. How great an asset this became will be obvious when I mention one of the first anaesthetics which I gave for one of the local doctors with whom I co-operated. He gave my anaesthetics and I gave his.

He had a small theatre off his surgery and on this occasion I was asked to give anaesthetics for tonsillectomy and hydrocele operations while he assisted a visiting surgeon. I did not have the anaesthetic machine at this stage and had to go back to the old 'rag and bottle' open ether which I had not used for years. The tonsillectomy patient was a Syrian young man whose father, mother and family were present while I did my pre-anaesthetic check. The atmosphere was electric; every eye trained on me and following every movement and expression on my face. I got the impression that I had only to say 'ooh' or 'aah' and raise my eyebrows and the whole family would have burst out in opera. The patient, of course, conducted himself with great bravery as befitted the centre of all this attention. Later, every time the theatre door had to be opened for any reason, there was a stampede outside to see what was going on.

Actually plenty did go on. In this dry climate ether evaporates almost instantaneously, and even after thiopentone induction, I could not get the patient deep enough to insert an endotracheal tube, nor could I risk a relaxant without rebreathing facilities. Eventually, after just about flooding the patient with ether I got a tube in, a cuffed one fortunately. I was more than glad that I had brought from Australia a couple of cuffed tubes, for when the operation got under way the foot-pumped sucker refused to work and the surgeon's floor lamp burnt all of us but left the tonsil fossae in darkness. All I could see was a large pool of blood in the patient's mouth which he would certainly have inhaled if I had used the locally supplied plain Magill's tubes. When the surgeon managed to get the tonsils out and the bleeding stopped, I was immensely relieved.

After this operation the hydrocele went smoothly; I had not given an ethyl chloride induction for years but it all came back to me and this time I really poured on the ether. All in all it was an interesting occasion and the surgeon thanked me warmly for my 'very good anaesthetic', which is not at all how I would have described it!

Another anaesthetic story is worth telling. This concerns one of our outside workers, let us call him Mohan. One day Mohan sat down, probably on a thorn, and in consequence developed an abscess on his seat. Such a revelation was not revealed to me directly, it came by a more circuitous route. Our friend turned up at the surgery one day and coyly indicated, out of hearing of the nurse, that there was something wrong with him in the appropriate site. Since I knew little Marathi and he spoke no English there was a distinct lack of communication. By the time an interpreter had passed it on most of the other patients in the waiting room were aware of the awful secret.

With the greatest reluctance Mohan allowed me to inspect about one square inch of his anatomy, but it was enough for me to see that he had a large abscess which would need incision under general anaesthesia.

If one reads any medico-legal textbook it will be clear that the anaesthetist is under obligation to explain to the patient what sort of anaesthetic he proposes to give and the risks involved. So says the book, but to get this across to Mohan would have been about as easy as explaining to me how to pilot a space capsule to the moon, so I did not bother to try but just pushed a needle into a vein and injected thiopentone. He went out like a light and I made a leisurely incision and drainage of a deep abscess. He was uncommonly slow in coming round, reminding me that the dose required to anaesthetise a lightweight half-fed Indian is considerably less than the one I was used to giving burly well-fed Australians. We carried him out and parked him on a couch where he slowly came round. He could not understand what had happened; he remembered being in one room and now he was somewhere different and it was all a mystery. When he came for dressing later he was still slightly reluctant to let me dress the wound, on the following day he had it ready without asking. A week or so later his boss met him in the middle of the crowded sports field

and asked him how he was getting on. Without a second's hesitation he dropped his trousers and bent over to display proudly the miracle area to the world at large. Since then none of us has dared to enquire after his health.

CHAPTER FIFTEEN

On people, problems, and possibilities

Some years ago, at Portland, an Indian quartermaster fell from the deck of his ship on to the concrete wharf. He suffered fractures of the pelvis, leg, arm and other injuries. He was immediately sent by ambulance for expert orthopaedic treatment at Ballarat. There, with pins through various bones and traction applied through pulleys and counter-weights, he lay for several months while his injuries healed. In spite of visits from Indian speakers he became increasingly morose. Then in the middle of one night there was a tremendous series of crashes. Nurses rushed in and found the patient cheerfully setting fire to all his traction cords, and weights falling all over the place.

Until I went to India this episode seemed to me merely a personal reaction to homesickness, but there I found that to most Indians solitude is unendurable. Many of my travelled Indian friends were amazed at the sparsely filled corridors at Heathrow, Tullamarine and other airports. To them the maelstrom of humanity at Bombay airport is the normal thing. When Westerners are appalled by the crowded streets of Indian cities they do not realise that this is how Indians like to live.

The individual matters little in Indian society, the family is everything. I casually asked an Indian at dinner one evening how many there were in his family.

'About a hundred', was his reply!

If this seems large it was nothing compared with another 'family'. I happened to answer the telephone at Asia Plateau

when a caller asked if he could bring his family to see the Centre.

'Certainly', I replied.

A few minutes later a procession of buses arrived and 400 people alighted – I know the number because they filled every seat in the 400 seat auditorium. Needless to say this was not a family as we know it, but a clan. Yet all the people in the party knew each other as well as being related, so one of them informed me.

The Indian joint family has been one of the great stabilising factors of India's long march from the earliest civilisation of the Indus valley settlement.

In fact the word 'Hindu' or originally 'Indu' meant a dweller in that area rather than having a religious connotation. Over thousands of years, successive tides of conquest have swept over the sub-continent and receded leaving the rural dweller virtually unchanged. The centre of stability was the family, with a hierarchy of authority from the grand-parents down. There was, and largely is, no central social welfare. There are no old age pensions or sickness benefits, no unemployment benefits, no worker's compensation; though the beginnings of these are in sight. The family as a whole is responsible for each member.

Marriages are arranged not on the basis of personal feelings but of suitability – as determined by the elders – and it works well. Many educated and cultured Indian wives have told me that they would not have it otherwise.

'One could not trust feelings at that age; the old people have more wisdom.'

Family size is determined largely by economics. The care of aged parents devolves on the eldest son, though all members assist. To have a wage-earning son in their old age the parents must have on average six children. One will die before the age of twelve months, another before five. That will leave four children of whom on average two will be girls marrying into some other family. Of the remaining two boys, one may be unemployed or incapacitated. So although the family planning concept is growing, and Family Planning Centres are in nearly all large villages, a marked reduction in population growth is unlikely until the economic problem is solved. India's present population is 700 million, and it is increasing by fourteen million

every year. Singapore demonstrates what can be done. In this city-state the inhabitants enjoy the highest living standard in Asia and they have reduced their population increase rate to nearly zero.

In 1944 Pandit Jawaharlal Nehru, undergoing his ninth term of imprisonment for his part in India's struggle for independence, described in vivid language the effect on him of the sufferings of the masses throughout India: 'There was poverty and the innumerable progeny of poverty everywhere, and the mark of the beast was on every forehead. Life had been crushed and distorted and made into a thing of evil, and many vices had flowed from this distortion and continuous lack and ever-present insecurity. All this was not pleasant to see, yet that was the basic reality in India . . . Their troubles were the same – poverty, debt, vested interests, landlords, money lenders, heavy rents and taxes, police harassment.'[24]

Running like a golden thread through the beliefs of the Indian Congress leaders, Nehru, Sirdar Patel, Menon, and others was the conviction that the withdrawal of British forces and sovereignty would solve most of India's problems. Mahatma Gandhi, though equally adamant about Indian independence, did not agree. He saw no point in exchanging one kind of servitude for another. For India to be truly free it needed not only political independence but also a freedom of the spirit or *satyagraha* (literally 'soul-force' or 'love-force'). This he ceaselessly advocated by word and deed. He knew, only too well, the communal hatreds which lay below the surface of India and which could burst into life when the British restraining hand was lifted. His influence was immense, it still is felt. H.T. Mazumdar, writing in 1963 said, 'Gandhi held up before all mankind the image of what every human being could be; he held up before us all a mirror reflecting the spiritual heights all of us could reach. Subconsciously we all saw in him our better self.'[25]

Gandhi's murder in 1948, just five months after the country became independent, removed the greatest Indian advocate of *satyagraha,* with horrendous consequences. Pandit Nehru, first Prime Minister of the new India, was an

equally untiring leader but his goal was the industrialisation of the country. By birth a Kashmiri Brahmin, the most prestigious of aristocrats, yet a socialist by conviction and an admirer of the Russian Revolution, though later a strong critic of communism, he held no religious beliefs (until near the close of his life when it is said he found a faith in God). His favourite dictum was, 'The modern temples of India are her steel mills'.

India industrialised rapidly. The Tata steel empire is one of the world's largest; India runs her own atomic power plants; has designed her own space satellite; builds large ships; sells diesel engines in Birmingham, the hub of the British motor industry, and heavy machinery in the United States. She is now the world's tenth largest industrial power. Nehru laid solid foundations with the co-operation of Jamsetji Tata, Birla and other industrial giants.

Yet . . . all is not well. James Grant, Executive Director of UNICEF, in 1981 stated: 'In India 10,000 children die every day as a result of undernourishment'.[26] In the same year Mr Rajmohan Gandhi spoke of the realities of life in his speech of acceptance of the Sir Jehangir Ghandy Medal for Industrial Peace, 'Do not ignore, I urge you, the thousands of young men and women in our land who have been driven by the facts of Indian life to a philosophy of hate and violence. The logic of the failure of communism in country after country will not cool the passion in their hearts, a passion born of the realities of poverty and death, greed and indifference.'[27]

Dr Frank Buchman, the initiator of Moral Re-Armament, was no stranger to India[28] and had met Mahatma Gandhi several times and admired him. Once, after a stroll with the Mahatma on the sands at Madras, he was asked about the meeting. With a chuckle he replied, 'It was like a walk with Aristotle'. When he visited India for the last time in 1952, among the wide cross-section of people he met were a number of industrialists. Most of them had been impressed by the work of MRA in other parts of the world, notably in the post-war reconciliation of France and Germany. Yet Buchman's insistence that unless human nature were changed on a massive scale there could be no hope for India was a different matter. One textile magnate thought this rather naïve. Progress, in his view, would come through

large scale industrialisation and political maturity.

Twenty years later the industrialist had become disillusioned. When he heard in 1973 that MRA had opened a centre at Panchgani and was holding industrial seminars,[29] he sent one of his youngest and most successful plant managers to find out what was going on. At the manager's request he was also permitted to take with him a group of militant trade union leaders from the mill.

The manager was 'gripped' (his own words) by the reality of what went on. He saw people of widely different races, religions and social status all working together without barriers. He heard stories of how change in people, particularly in themselves, had brought about personal, family, business and national change. He realised that he had been interested in none of these things. He had only two goals: to increase production in the factory and to rise in the promotion scale; his workers were merely means to these ends and outside working hours he had not the slightest interest in them or their conditions. This, he now realised, was wrong and he apologised to his men. He also told of dishonesties in his work which he would have to put right with the company. His workers were amazed, this was to them a new manager. One after another of these militant trade unionists got to his feet and revealed where he too had been at fault.

The manager returned to Bombay, told the whole story to the Chairman of his company and then started to visit his workers in their homes. What he saw horrified him. Whole families living in one small room, men up to their necks in debt to rapacious money-lenders, malnutrition among children, and drunkeness among despairing fathers. A social welfare scheme was started by the company to take over the workers' debts at low interest rates. A well-known Bombay paediatrician gave up one day every week and recruited medical students who had been to Panchgani to help him bring medical aid at no cost to these slum dwellers.

A new trust between management and labour grew up in this mill and spread to other textile factories. Neither workers nor management surrendered their points of view but negotiations henceforth were carried out in an atmosphere of trust on the basis of what was right rather than

who was. Workers who had lived oblivious of the outside world now began to think for others and for their country. The manager told me of one of his workers whose job was to oil the high speed automatic looms. Going through the stock sheets he noticed that this man was indenting for only half the quantity of lubricant which he normally used. He became alarmed that damage might be done to the machines and summoned the man, one of those who had been to Panchgani.

'Tell me,' the manager said, 'why are you not using as much oil as before?'

'Until I went to Panchgani,' replied the man, 'I did not bother how much oil I used. I used to slop it all over the bearings and most of it dropped on to the floor. Now I realise that oil costs money, India needs money, so I don't waste it.'

One evening, on the opening night of an industrial seminar, my wife and I had dinner with a worker from one of the Bombay factories. This man was a trained Marxist agitator and had caused great disruption in his factory. All through the meal he aired his view that all the ills in the world were due to 'the bosses'. If he had his way, he said, he would line up all the bosses and shoot them.

'As for this place,' he went on, 'this is a rich man's palace. If MRA wants to do any good you should sell it and give the money to the poor in the villages.'

Neither of us argued with him and we parted after the meal. Two days later he publicly stated, 'I have been thinking. If we did get rid of the bosses who would we put in their place? I can't think of anyone, they are all equally crooked. I can see that if people did live by MRA's standards they would make good leaders.'

More was to follow, for a couple of days later he told the whole assembly: 'This morning something unusual happened. Something woke me at 4.30 a.m. As I sat on the edge of my bed a voice said clearly, "Laxman, you must apologise to your uncle. Whatever he did to you he is still your uncle and it is wrong to hate him." '

He then went on to explain that his father had died when he was a child, and he had been brought up by an uncle who had been cruel to him and had defrauded him of his father's inheritance. He ran away from home and

from then on had carried a knife with the intention of killing his uncle when he got an opportunity.

'After this seminar is over,' he said, 'I am going to my uncle's village to apologise to him.'

He did so and the uncle met him more than half way; the two of them became great friends. When Laxman returned to his Bombay factory he amazed his workmates by the change in him. All the old bitterness had gone and he went out of his way to help people.

Laxman was not the only would-be murderer. A Poona worker startled his audience at one of the seminars by relating how he was planning a murder. His brother had been killed by a village bully when the worker was a young lad. From then on he had trained himself and planned the perfect murder and his plans were nearly completed. His consuming hatred had alienated the dead man's widow and nearly destroyed his own marriage; his children ran out of the house when he returned from work because they were terrified of him. When he returned to Panchgani months later he told how this had all changed, family unity and care had been restored and he had found a more constructive purpose in life.

The relevance of the 'inner voice' came as a new concept to many participating in the seminars and conferences but the results of its application were often profound. Mr Rajmohan Gandhi expressed this clearly: 'If the inner voice enables us to have a less biased view of ourselves and others, it also enlarges the area of our concern. From my income or profit or power or prestige, my concern steadily grows to include others, other groups, the country as a whole and even places beyond its borders, until perhaps it embraces the needs of the entire earth. Puny individuals, bundles of corruptible impulses, daring to think for the needs of the earth? Can anything be more absurd? Nothing can be more relevant.'

In discussions at most of the industrial seminars ran the thread of the poverty under which so many of these workers live. I thought I had seen poverty in the slums of Australia but that was a pale reflection of what exists in India. Not for the Indian the social services and medical benefits which we take for granted. Life is precarious indeed as I found out.

The wife of one of our gardeners consulted me one day regarding her pregnancy, the first in this marriage, and she was an elderly woman. By custom midwifery is still exclusively women's work so I sent her to the government hospital. She was told to return when she was in labour. We took on her antenatal care and corrected her anaemia; her pregnancy went normally. When she was in labour I drove her down to the hospital and left her there. To my surprise she was back in an hour or so telling us that she had been sent away and told to return in a fortnight. All that night she was in increasing pain and by the morning it was clear that she was in obstructed labour. She was taken to a mission hospital some distance away where an impacted face presentation was diagnosed and Caesarian section performed. The baby was a boy, which pleased the parents immensely, and over the next year or so we watched him grow up into a sturdy little fellow, playing about while his father worked; his mother whenever I met her was all smiles.

One day we saw her in the out-patient clinic. She looked ill and told us that she had been losing blood for some time but had been too shy to do anything about it. This time she allowed me to examine her; the diagnosis was all too clear, an inoperable cancer of the cervix. She was given deep X-ray treatment at Poona but we knew it could be only palliative and we told her and her husband so. She accepted it, but her concern was for the little fellow; who was going back to look after him as her relatives had cut themselves off from her? We looked after her in her hut and as she gradually became weaker and bedridden we brought her food and kept her more or less free from pain. She gradually wasted away and finally went into a coma twelve hours before the end; she knew she was dying and said good-bye and thanked us for our care which obviously meant much to her.

I asked if I might be allowed to go to the cremation and the husband said he would like it. We bought her a new green sari, which is the traditional colour, and put on new bangles. She was carried out of the hut, put on a hay and bamboo stretcher with a white sheet on top leaving her face exposed while garlands were put round her. She looked very peaceful though she was only a wasted shadow.

All the other workers from the farm came in their working clothes and the little procession set out for the mile long walk to the cremation place. It affected me deeply seeing these simple folk taking their sister, in dignity, to her last rest. At the cremation site they piled up wood, then put her on top and gently put on more until she was covered with timber. A Brahmin said and sang the ancient Hindu ritual prayers, then they gave us all pieces of dried cow-dung. We all walked round the pyre and put our pieces on it, and then placed petals from the garlands on top. Someone poured on kerosene and set it alight and the cremation was soon over. Compared to all the pomp and ceremony (and sometimes hypocrisy) of our Western funerals, this earthy ceremony seemed very close to nature and to life itself.

The small boy became a favourite with all the married women at the Centre and is probably the best fed of all the children there.

Space does not permit many more case histories, but one had some unusual features which may make it worth mentioning.

Word reached us one day that one of our friends in Panchgani had been injured in a motor-cycle accident and was in hospital some miles away. We immediately sent flowers and get-well wishes and during the next few days heard that he was doing well. One Sunday morning a week or so later I had an urgent thought: 'Go and visit DS this morning'.

I took some flowers and drove to the hospital, only to find him unattended in a single room, apparently in a coma. Mystified, I sought information; the doctor was not to be found but a nurse gave me the picture. Thrown on to his head our friend was unconscious on admission but came round and seemed well for a time, then relapsed into a coma again and had a fit just before I saw him. All this added up, in my view, to only one conclusion – haemorrhage inside the skull. If I was right immediate operation was required; but there seemed no sign of activity although a good surgeon was resident there. No doubt, I thought, he was making arrangements. I should have carried it further but decided that since he was not my patient I should not interfere. I drove back to Asia Plateau feeling

worried.

'How is he?' one of our nurses enquired.

'Very ill', I replied. 'I think he has an intracranial haemorrhage.'

'What does Dr . . . (the surgeon) think about it?' she persisted.

'I did not see him', I replied.

'Don't you think you had better ring him up?' went on my inquisitor.

I did so, only to discover that he had gone away for the week-end. Within seconds I was on my way back to the hospital and there sought out the doctor on duty. I had difficulty in convincing him, and the Medical Superintendent, that they had misdiagnosed the condition and that surgery was urgently required. Eventually, they became alarmed and had the patient transferred to a neuro-surgical specialist in Poona who confirmed the diagnosis, opened the skull and checked a large haemorrhage. Today he is perfectly well.

So it went on. The daily round of cuts, coughs, infections, and the unpredictable emergency. It was my life and I felt content, but it was not to continue.

In 1979 we returned to Australia for our eldest grandson's wedding and our own golden wedding celebrations with the family around us.

Not long afterwards Freda became ill and it was clear that our time in India was over. I returned there for three months to wind up our affairs and to see the start of the new medical clinic which we were building. A Malaysian lady doctor came along just at the right moment and I was able with confidence to hand over to her.

Saying good-bye to all the workers was a sad occasion. I had shared in so many of their problems; they had so little, I had so much, yet they faced life with steady courage while I was often fearful. As with the Papuans forty years previously, in many ways I had learnt more from them than they had from me.

The Singapore Airlines jet carried me smoothly and swiftly into Singapore. Once again I marvelled at this city-state. With no natural resources except the hard

Dennis Mayor

Golden wedding, replying to toast. Freda on my left, son-in-law John and John Dermot behind.

work and ingenuity of its people, it had produced this beautiful showplace of Asia. Kuala Lumpur followed, then Melbourne.

Back at my old home town I put away my stethoscope and let it be known to all and sundry that I had retired. That was the theory, but somehow, somewhere, I have no doubt that someone will plead — 'Doc, I feel crook', and once again, out it will come.

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Contrast the number of convictions with the total incidence of child battering (reference 15).
There is also evidence that the battered child of one generation becomes the battering parent of the next.
15. Medical Annual, 1974. More recent comprehensive statistics seem to be unobtainable.
16. There are no complete statistics on this point but the Victorian Department of Community Welfare has currently (March 1984) a waiting list of would-be adopting parents of 1122, with 200-250 applications being considered. There are eight other adopting agencies in Victoria, all with waiting lists.
The number of ex-nuptial births, the traditionsl source of adoptions, is steadily increasing, from 23510 (throughout Australia) in 1975 to 27826 in 1980 (Year Book, Australia, 1982). Yet the number of children adopted has fallen from 6000 in 1975 to 3400 in 1980 (Australian Bureau of Statistics, 1983). "While in 1974-75 an estimated 15.2:100 ex-nuptial children became available for adoption this ratio decreased to . . . 8.6:100 in 1978-79 (Statistics on adoptions 1978-79, Department of Community Welfare Services, Victoria). The demand is exemplified by a case recently reported of $10,000 being illegally paid for a baby girl for adoption (The Age, Melbourne, 4/2/84).
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18. "An American doctor's odyssey", Heisser, V., Grosset & Dunlap, New York, 1936.
19. Invented by Ivan Magill who is still alive aged 95.
20. Underwater drain — a tube passing from the lung wound to a receptacle outside where the end of the tube is held under water. Drainage of blood is free but the water prevents air passing up the tube to hamper breathing.
21. There is an international aviation phonetic alphabet for spelling out letters (alpha for A, bravo for B etc.). All aircraft must

use this in giving their aircraft registration number, which is also their radio call sign. My aircraft was PUM (Papa Uniform Mike).

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Dr Berkeley Vaughan has had – is having – a colourful life. Like many country doctors in Australia he is also a colourful character, and a gifted story teller and writer.

Medical anecdotes, funny situations and bizarre stories with a moral in-built abound in this entertaining book. "Berke" comes across as a very warm person who both understands and loves human beings, "warts and all". We follow his career somewhat breathlessly after its turbulent beginning (told in *Doctor in Papua*) as an Australian family doctor, Quarantine Officer, medical detective, pilot, ship's surgeon and so on.

At about the time that most doctors are thinking of hanging up their stethoscope, Berke and his wonderful wife, Freda, sold up their belongings and went on yet another remarkable adventure, this time to India. He tells of their intriguing experiences among the highest and lowest of that land with the same mixture of zest and wisdom.

As another doctor who has followed his profession in unusual places, though in the halls of learning rather than the field, I enjoyed every page of this delightful book; because really it happened to Berke how I thought my own life would have turned out, but didn't. I wonder if other readers will feel the same? Well, read it, and find out . . .

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